

## Dermatology:

Rotation: Dermatology

Duration of Rotation(hours): 1 month Block + longitudinal

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Faculty: FM oversight: Chris Bernheisel

Supervision: (How it occurs): Residents rotate with and are supervised by dermatology faculty and senior residents on the dermatology rotation. In the FMC the residents are supervised by the Family Medicine faculty preceptors.

## RRC Requirements:

All residents **must** be exposed to diagnosis and management of common dermatologic conditions. These **must** include, but not be limited to, viral, bacterial, allergic and fungal infections, ulcers, rashes, malignant and pre-malignant skin lesions, and dermatologic manifestations of system disease. This training **should** include experience in the surgical excision of skin lesions and performance of other dermatologic procedures with supervision by a physician with documented competence in this area. This may include experience gained in the FMC, provided that appropriate documentation is maintained for each resident.

## Objectives:

### **General:**

#### 1. Medical Knowledge and Patient Care:

- a. Resident is able consistently perform a complete history and physical examination that is appropriate for the patient. Intern through R3
- b. Resident is able to collect essential and accurate data from the patient. Intern through R3
- c. Resident is able to recognize the severity of the patient's condition. Intern through R3
- d. Resident reads and consults information sources for patient care. Intern through R3
- e. Resident is able to interpret the data correctly. Intern through R3
- f. Resident offers an adequate differential diagnosis. Intern through R3
- g. Resident's management plans are appropriate and complete. Intern through R3

#### 2. Problem Based Learning

- a. Resident exhibits and investigatory approach to knowledge deficits: generates questions, knows where to look up information, can apply the

- information to the clinical situation, responds to feedback. Intern through R3
- b. Resident is able to analyze patient problems and identifies what knowledge is needed. Intern through R3
  - c. Resident is able to demonstrate improved proficiency when encountering repeat diagnoses or problems (assimilates and applies new knowledge). Intern through R3
  - d. Resident does self-evaluation of clinical encounters and learns from those clinical encounters. Intern through R3
3. Interpersonal and Communication Skills
- a. Resident provides clear verbal explanations or presentations to patients, patient families, or others on the health care team. Intern through R3
  - b. Resident's written or dictated communication is organized and easy to follow, accurate and complete. Intern through R3
  - c. Resident works effectively with others on the health care team. Intern through R3
4. Professionalism
- a. Resident consistently exhibits the following character traits: promptness, respectful of others, honesty, hard-working, responsible, teachable, compassionate toward others, altruistic. Intern through R3
  - b. Resident responds to pages promptly. Intern through R3
  - c. Resident exhibits appropriate physician-patient relationships, maintains emotional control. Intern through R3
  - d. Resident knows his limitations as a physicians. Intern through R3
  - e. Resident follows informed consent and patient confidentiality. Intern through R3
5. System Based Practice
- a. Resident is able to create high quality medical records. Intern through R3
  - b. Resident demonstrates patient advocacy. Intern through R3
  - c. Resident works to create safe transitions of care by communicating with the patient's primary care provider. Intern through R3

## **Dermatology Rotation:**

1. Medical Knowledge
- a. Identify the normal structures/anatomy of the skin. R2 through R3
  - b. Describe primary and secondary changes in the skin. R2 through R3
  - c. Describe the basic morphological groups of skin conditions: papulosquamous, vesiculobullous, dermatitis, ulcerating, neoplastic. (See full list of common dermatologic conditions below.) R2 through R3
  - d. Describe physical exam findings in appropriate dermatologic terms. R2 through R3
  - e. Describe differences in clinical presentation of common dermatologic conditions as they vary with ethnicity. R2 through R3

- f. List risk factors for common neoplastic skin conditions. R2 through R3
  - g. Recognize skin manifestations of common conditions cared for by family doctors (sexually transmitted infections, diabetes, etc) as well as less common diseases (IBD, SLE, sarcoidosis, etc). R2 through R3
  - h. Review variations in potency of commonly used topical steroid creams/ ointments. R2 through R3
  - i. Recognize differences in common skin conditions as they vary with the age of the patient. R2 through R3
  - j. Review preventive measures for skin protection. R2 through R3
2. Patient Care
- a. Elicit a focused history pertinent to the patient's chief dermatologic complaint. R2 through R3
  - b. Describe physical exam findings in appropriate dermatologic terms. R2 through R3
  - c. Generate an appropriate differential diagnosis based on focused history and physical exam findings. R2 through R3
  - d. Initiate treatment of common skin conditions seen by family physicians. R2 through R3
  - e. Recognize the indication for skin biopsy as a part of the work up. R2 through R3
3. Interpersonal and Communication Skills
- a. Discuss likely diagnosis and treatment plan with patient. R2 through R3
  - b. Effectively communicate any biopsy results to the patient in a timely manner. R2 through R3
  - c. Engage patient in a discussion regarding preventive measures for skin protection. R2 through R3
4. Professionalism
- a. Recognize the limits of scope of practice for skin conditions seen in primary care and need for referral. R2 through R3
  - b. Effectively communicate any biopsy results to the patient in a timely manner and next steps in treatment plan. R2 through R3
5. System Based Practice
- a. Communicate working diagnosis, biopsy results, and expected treatment course with the patient's primary care physician. R2 through R3

### **Ambulatory Procedure Skills:**

1. Medical Knowledge
- a. Recognize the difference and understand the indications for various types of suture (absorbable vs permanent, which size to use, etc) Intern through R3
  - b. recognize the difference and understand the indications for various types of scalpel blades Intern through R3

- c. Recognize the difference and understand the indications for various types of needles Intern through R3
  - d. Review the procedural steps in the ambulatory setting prior to beginning a procedure and recognize appropriate resources to use for review Intern through R3
  - e. Review relevant anatomy related to skin procedures Intern through R3
  - f. Describe the different types of skin biopsy (e.g. excisional vs punch vs shave) and the indications for each. Intern through R3
  - g. Review what a MOHS procedure is and what the indications for referral are.
2. Patient Care
- a. Practice sterile technique, including but not limited to gowning, skin prep, draping, irrigating, and initial dressing placement. Intern through R3
  - b. Administer local anesthesia such lidocaine proficiently Intern through R3
  - c. Perform simple laceration repair, including but not limited to simple interrupted suturing, vertical/horizontal mattress suturing, tissue glue, skin staples, and/or steri-strips. Intern through R3
  - d. Utilize strategies to prevent common post-procedure complications Intern through R3
3. Interpersonal & Communication Skills
- a. Obtain informed consent, including communicating risks, benefits, and alternative to patient/family Intern through R3
  - b. Discuss indications and contraindications to procedures with patient/family. Intern through R3
  - c. Communicate expected follow up and any biopsy results with patient as well as primary care physician. Intern through R3
4. Professionalism
- a. Recognize indications for dermatologic consultation/referral. Intern through R3
5. System-based Practice
- a. Appropriately bill for ambulatory procedures Intern through R3
  - b. Communicate to out-patient physicians any biopsy results and expected follow up needs. Intern through R3

**Common Dermatologic Conditions Topic List:**

- 1. Skin Examination and Descriptive Terminology
- 2. Ethnic skin
- 3. Newborn Skin conditions
- 4. Skin conditions in pregnancy
- 5. Geriatric Skin conditions
- 6. Infectious skin conditions
  - a. Bacterial: Impetigo, Cellulitis
  - b. Viral: warts (filiform, flat, anogenital, plantar), Molluscum contagiosum, Herpes simplex, Herpes Zoster

- c. Fungal: tinea versicolor, monilia (thrush, vaginitis, balanitis, paronychia, intertrigo), diaper rash; dermatophytes (tinea capitis, tinea barbae, tinea corpora, tinea cruris, tinea unguium); sporotrichosis
- d. Parasitic; scabies, lice (pediculosis)
- 7. Neoplasms (evaluation and treatment)
  - a. Benign: nevi (moles), seborrheic keratosis, skin tags, dermatofibroma, cherry angioma, lipoma, sebaceous cyst, keratoacanthoma, pyogenic granuloma
  - b. Malignant: Melanoma, Basal Cell Carcinoma, Squamous cell carcinoma, actinic keratosis, cutaneous T-cell lymphoma
- 8. Papulosquamous Eruptions: Psoriasis, Pityriasis Rosea, Pityriasis Alba, Lichen Planus
- 9. Eczemas: Atopic Dermatitis, Contact Dermatitis, Dishydrotic excema, Nummular eczema, Neurodermatitis (Lichen Simplex Chronicus)
- 10. Alopecia: male pattern baldness, telogen effluvium (toxic/stress alopecia), traction alopecia, alopecia areata
- 11. Skin ulcers: Decubitus, Stasis ulcer, Arterial ulcers
- 12. Wound Care
- 13. STDs: syphilis (primary and secondary), chancroid, lymphogranuloma venerum, HIV skin diseases: Kaposi's
- 14. Nail Disorders: paronychia, ingrown toe-nail
- 15. Preventive Skin Care
- 16. Sun Damage
  - a. Photodermatitis: acute reactions to sun
- 17. Tropical Skin Disease
- 18. Allergic disease skin conditions: Urticaria, Erythema multiforme, Drug Eruptions
- 19. Diseases of Follicles and Sweat Glands
  - a. Acne Vulgaris
  - b. Acne Rosacea
  - c. Seborrheic Dermatitis
  - d. Miliaria (Heat rash)
  - e. Hyperhidrosis
  - f. Folliculitis
- 20. Pharmacology of skin problems

### **List of Dermatology Procedures**

1. Biopsy of skin conditions (excision, punch and shave)
2. Incision and Drainage of abscesses
3. Cryosurgery
4. Hyphercator
5. Common office laboratory (KOH)
6. Use of Woods lamp

**Methods:**

Eighty hours of dermatology are undertaken during a one month Dermatology Rotation. There are 2 sessions per week for one month (total of 32 hrs) with private dermatologists and 3 sessions per week for one month (total of 48 hrs) with at the VA Hospital Dermatology Clinic. Routine dermatological problems such as eczema, dermatitis, psoriasis, malignant and pre-malignant skin lesions, dermatosis, pruritic disorders, papulosquamous disorders, skin manifestations of systemic diseases, bacterial, fungal, and viral disorders including warts are all encountered. Dermatological procedures typically performed by dermatologists are modeled by staff physicians and performed by the residents under supervision. The experiences are supervised by board certified dermatologists. During the month, residents will complete 12 asynchronous learning modules based on the American Academy of Dermatology Curriculum.

In addition to the structured month long rotation in dermatology, the residents also have workshops on dermatological conditions and common dermatological procedures during orientation, October Month, and Conference Series. Dermatology lectures are also part of the residency program's Thursday Conference series and additional learning modules are incorporated into additional rotations (newborn, outpatient pediatrics, emergency medicine) to cover all core areas. Common dermatology procedures are performed in the Procedure Clinic at the FMC. Residents are assigned 10 half days in the Procedure Clinic during their residency and are supervised by family medicine faculty.