

CURRICULUM ON DERMATOLOGY SVCH INTERNAL MEDICINE RESIDENCY PROGRAM

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I. Educational Purpose and Goals

Patients' dermatologic concerns and conditions often precipitate office visits to the general internist. In addition to diagnosing primary skin conditions, many systemic diseases include significant skin findings or involvement. It is important, therefore, that general internists have training in the exam of the skin and acquire proficiency in describing skin findings. The residents need to learn the principles of diagnosis and management of common benign and malignant skin conditions and to recognize the skin manifestations of systemic diseases.

II. Principal Teaching Methods

Teaching of Dermatology is integrated within three years of residency training.

1. Supervised Direct Patient Care Activities: Residents will evaluate patients, present findings to the supervising attending and formulate diagnostic and therapeutic plans with attention to evidence-based practices
2. Residents will participate in the care of patients with dermatologic diseases and case based teaching during several of their rotations: Continuity Clinics, ward rotations as well as ID. They may also elect rotations in a dermatologist's office during CORE /Differential rotation. Other sites such as nursing homes, general internists' offices and subspecialists' offices augment this focused teaching.
3. Residents will continue to participate in mandatory afternoon conferences. Topics repeat every two years: Grand Rounds and Journal Club conferences supplement these experiences
4. Independent Reading: Residents should complete directed readings from the recommended resources.

III. Educational Content

1. Mix of diseases: In the ambulatory and hospital setting, the residents will gain experience in recognition of benign and malignant skin lesions, knowledge in the morphological description of skin conditions, and understanding of the pathophysiologic framework of dermatologic diseases. Residents can expect to encounter the most common dermatologic diseases including psoriasis, acne, skin cancer, eczema, benign neoplasms, and fungal infections. Residents will review treatment and prognosis of skin conditions observed.
2. Patient characteristics: Most patients will range in age from adolescence to geriatrics
3. Procedures learned
 - Skin biopsy indications and techniques
 - Destruction of skin lesions using chemical agents or cryotherapy
 - Scraping of skin lesions
 - Microscopic examinations of KOH preps, Tzanck smears, scabies etc.
 - Interpretation of testing results
- 4.. Recommended textbook: Color Atlas and Synopsis of Clinical Dermatology by Fitzpatrick.
5. A variety of print and web based references are available for residents' use in each subspecialty area. The Dermatology Image Atlas web site allows users to search for specific images or use a differential diagnosis search engine for rashes.
 - <http://dermatlas.med.jhmi.edu/derm/>
 - The University of Heidelberg and University of Erlangen have developed a website which includes a standard image bank and an ability to search for images/differentials based on anatomic location of the lesion. It includes a "quiz mode" as well.
 - <http://dermis.multimedica.de/doia/mainmenu.asp?zugr=d&lang=e>

- The University of Iowa's Dermatologic Image Database includes a broad array of gross and microscopic dermatologic images. <http://tray.dermatology.uiowa.edu/DermImag.htm>

IV. Specific Competency Objectives

1. Patient Care

Residents will be able to proficiently describe the morphology of skin conditions, and understand the importance of anatomic location in constructing a differential diagnosis.

Residents will correctly identify the indications and contraindications for specific dermatologic procedures (punch versus shave biopsy, cryotherapy, etc.) and be able to describe or demonstrate their performance.

Residents will be able to interpret common laboratory test results (such as fungal scrapings, etc.).

Residents will improve their ability to formulate an evidence-based management plan for common conditions in dermatology, including the appropriate use of referrals.

2. Medical Knowledge

Residents will increase their understanding of the pathophysiologic framework of dermatologic diseases, and improve their ability to formulate rational differential diagnoses for common dermatologic presentations (rashes, pigmented skin lesion, ulcers, etc.).

Review of the recommended text and websites will familiarize the residents with less commonly encountered skin disease and those associated with systemic diseases, including HIV.

3. Interpersonal and Communication Skills

Residents will communicate effectively with physicians, patients, and staff members in their roles as learners and active observers

4. Professionalism

Residents will demonstrate appropriate professional behaviors with support staff, physicians and patients while rotating through community preceptors' offices. Residents will demonstrate compassion and respect for patients with disfiguring or disabling conditions.

5. Practice Based Learning and Improvement

Residents will be well versed in the use of technology (such as electronic dermatology atlases or search engines, literature searches, etc.) to support medical decisions.

6. Systems Based Practice

Residents will be able to more appropriately utilize dermatologists in the management of their patients. This includes appropriately triaging patients to treatment within the primary care office versus referral, and improving their ability to care for common problems in this field themselves. Learning the balance between referral and primary management will improve their cost effectiveness and ability to advocate for patients.