Curricular area: Dermatology

Rotation: Dermatology consult service and office duty

Responsible faculty: Rick Lin, DO

Goals:
Residents will develop and refine the necessary knowledge base and clinical skills to evaluate and manage dermatologic conditions at the level of a board-certified internist. Residents will learn to recognize dermatologic emergencies and learn to work collaboratively with dermatologists and other specialists in the management of patients with dermatologic disease.

Setting: Residents are exposed to the broad field of dermatology in a variety of clinical settings, including the inpatient wards and critical care units, the ambulatory care setting and the emergency center (see curriculae for these areas). Residents gain specific experience on the dermatology consult service, usually during their elective month.

The dermatology consult service manages all general dermatology consultations requested on Doctors Hospital at Renaissance patients. The consult service sees patients in the emergency center, inpatient wards and critical care units. Residents also attend four half-days dermatology clinic per week at the Oasis Dermatology outpatient clinic.

Key to Competencies:  
PC = Patient care  MK = Medical Knowledge  I/C = Interpersonal/communication skills  
PR = Professionalism  PBL = Practice based learning  SBP = System based practice

Teaching activities:
Topics relevant to dermatology are covered in the resident lecture series, the intern learning groups, and in selected noon conferences. On the Dermatology Consult service rotation, combined teaching/patient care rounds are conducted by the attending physician daily.

Attendings provide direct case-based teaching on all patients seen by the consult team and in the outpatient dermatology clinics.

Residents are expected to read independently about dermatology conditions encountered during the rotation. Residents have access to online textbooks and databases at all clinical sites. Attending physicians provide supplemental reading material related to specific cases discussed during the rotation.

Level of supervision:
All new consults and clinic patients are discussed with an attending physician. Attending rounds are conducted daily to discuss active consults and review case findings. The attending physician provides face-to-face feedback to the resident physician at the end of the rotation, and as needed during the course of the rotation. The resident physician is expected to ask for specific feedback at the midpoint of the rotation.

Patient characteristics:
Patients cared for at the University Hospital and the UCCH are a diverse group which includes men and women, age 16 and over with acute and chronic diseases commonly encountered in internal medicine practice. Many patients are indigent and may be Spanish speaking or come from other linguistic or ethnic backgrounds. Patients cared for at the Audie Murphy Veterans Administration Hospital are primarily elderly and predominantly male with a diverse mixture of acute and chronic illnesses.
**Reading lists/resources:** Residents are provided with a syllabus at the start of the rotation (Dermatology Appendix C). Residents are expected to read about dermatologic conditions encountered during their clinical training.

**Sample schedule:** (please contact the administrative coordinator Sylvia Schmidt 567-4885 prior to the start of the rotation to confirm specifics of the month’s schedule).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
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<tbody>
<tr>
<td>8:00-9:00</td>
<td>House staff conference</td>
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<tr>
<td>Monday</td>
<td>9 am – 12 pm: Derm Clinic at UCCH</td>
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<tr>
<td>Tuesday</td>
<td>9 am – 12:00: AMVAH derm clinic</td>
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<tr>
<td>Wednesday</td>
<td>9:30 am Kodachrome slide conference</td>
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<tr>
<td>Thursday</td>
<td>9 am -12:00 noon Derm clinic at UCCH</td>
</tr>
<tr>
<td>Fridays</td>
<td>9:00 -12:00: AMVAH dermatology clinic</td>
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<tr>
<td>12:00-1:00</td>
<td>lunch</td>
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<tr>
<td>Monday</td>
<td>1:00 – 5:00: Santa Rosa Pediatric Clinic</td>
</tr>
<tr>
<td>Tues/Wed</td>
<td>1:00 -5:00: new consults/follow-ups, afternoon attending rounds</td>
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<tr>
<td>Thurs</td>
<td>Friday: Kodachrome slide conference</td>
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<td></td>
<td>Residents have continuity clinic 1-2 afternoons/week</td>
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**Dermatology**

<table>
<thead>
<tr>
<th>OBJECTIVES &amp; SKILLS</th>
<th>EXPECTATION BY TRAINING YEAR</th>
<th>GEN COMP</th>
<th>TEACHING ACTIVITIES</th>
<th>EVAL</th>
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| Residents will learn to evaluate patients presenting with dermatology-related conditions by history and physical examination. Residents will be able to convey these findings to consultants, attendings and other members of the team. | PGY-1:  
- Obtain history as relevant to dermatologic diseases. Identify key elements as they relate to dermatology.  
- Recognize physical exam findings in common dermatologic diseases.  
- Recognize and be able to describe dermatologic conditions by standard nomenclature, including types and patterns of lesions, their evolution and associated signs and symptoms. | PC, MK, I/C, | Direct instruction and demonstration by attendings  
- House staff lectures | Global eval |
**OBJECTIVES & SKILLS** | **EXPECTATION BY TRAINING YEAR** | **GEN COMP** | **TEACHING ACTIVITIES** | **EVAL**
--- | --- | --- | --- | ---
Residents will acquire the medical knowledge relevant to the diagnosis and management of common dermatologic diseases. Residents will demonstrate the medical knowledge and skills required to triage patients requiring more specialized care. | PGY-1: | Residents will understand basic principles in the physiology and biochemistry of dermatology, and be able to use this knowledge to recognize common dermatologic diseases and initiate appropriate diagnostic and therapeutic plans. Residents will have the knowledge to be able to recognize and initiate appropriate management of patients with dermatology conditions requiring urgent intervention. | PC MK, PBL | Direct instruction and demonstration by attendings Resident lecture series Intern learning group | Global eval Inservice scores miniCEX
PGY-2: | Increase the knowledge base required for evaluation and | | | |

PGY-2
- Increase the ability to recognize important elements of the CC, HPI and other aspects of history, as they related to a patient’s Dermatologic condition.
- Increase skills in physical examination to include recognition of signs of dermatologic disease and more advanced interpretation of findings.
- Be able to synthesize key elements of the history and physical in a logical, coherent manner leading to the development of an appropriate differential diagnosis.
- Show the ability to demonstrate key findings to learners.

PGY-3
- Master the elements of history-taking and physical examination of the patients suspected of having an dermatologic disorder at the level expected of a board-certified general internal medicine specialist.
- Demonstrate the ability to guide learners to acquire these skills.

- Utilize appropriate resources to obtain historical information important to the diagnosis and management of patients with dermatologic diseases, including accessing medical records, data from other health care facilities, physicians and family members as appropriate.
- Demonstrate the ability to convey key information to other residents, attendings, consultants and other members of the health care team in a logical, coherent manner.
management of patients with dermatologic diseases presenting to the Emergency Center or occurring on inpatient and critical care services.

- Resident will have the medical knowledge to recognize and manage common dermatologic conditions presenting in ambulatory patients.

PGY-3:
- Master the knowledge base required to evaluate and manage patients presenting with dermatologic diseases disease at the level of a board-certified general internist.

(see Dermatology appendix A for list of dermatologic diseases commonly seen by general internists)

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| Residents will learn the indications for diagnostic tests and procedures relevant to the evaluation of patients with dermatologic diseases. Residents will be able to interpret results and apply to patient care. | PGY-1:  
- Know indications for and interpretation of diagnostic tests and procedures commonly used to evaluate patients with dermatologic diseases.  
- Be able to use the results of diagnostic tests to clarify the differential diagnosis and initiate appropriate management  
- Know indications for therapeutic procedures such as liquid nitrogen cryotherapy and excisional biopsy. | PC, MK, PBL, | Direct instruction and demonstration by attendings  
Resident lecture series  
Intern learning group | Global eval  
Inservice examination |
| PGY-2: | | | | |
- Demonstrate increased understanding of diagnostic tests and procedures, including more specialized and less commonly performed tests, and how to apply the results to the care of patients with dermatologic diseases.

PGY-3:
- Demonstrate mastery of diagnostic testing in the assessment of patients with dermatologic conditions at the level of a board certified general internist
- Be able to explain the purpose and meaning of diagnostic tests to other members of the health care team

(See Dermatology appendix B for common diagnostic tests and procedures used in the care of patients with dermatologic diseases)

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| Residents will learn to communicate and collaborate with dermatology consultants, physicians from other specialties and other members of the health care team, providing optimal patient care in a cooperative team effort. | PGY-1:  
- Demonstrate effective communication with consulting services for the benefit of the patient, including effective use of the written medical record/consult note.  
- Be able to explain to patients the role of consultants and other services in their health care plan.  
- Be able to communicate effectively with patients and families to provide clear and accurate information about their disease. |  
| | PGY-2:  
- Demonstrate increasing skills in effective communication with |  
| | | PC I/C SBP | Direct instruction and demonstration by attendings | Global eval |
| | | | Resident lecture series | |
Residents will demonstrate skills in practice-based learning required to evaluate and manage patients with dermatologic conditions.

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<td>Consulting services, specialists, and other members of the health care team in the care of patients with dermatologic disease.</td>
<td>PGY-3: Master all aspects of communication skills and interpersonal relationships to evaluate and manage patients with dermatologic diseases, including communication with patients and families and other members of the health care team. Master the communication and interpersonal skills required to provide collaborative care to patients with dermatologic diseases requiring consultation with an dermatology specialist.</td>
<td>PBL MK PC SBP</td>
<td>Direct instruction and demonstration by attendings Evidence-based medicine course Journal club Resident morning</td>
<td>Global eval Resident portfolio</td>
</tr>
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</table>
| Residents will demonstrate skills in systems-based practice required to care for patients with dermatologic disease. | **PGY-1:**
- Learn the role of consultants and demonstrate the ability to use consultants appropriately to enhance patient care.
- Maintain appropriate professional relationships with nurses, pharmacists, clerks, and all other members of the health care team.

**PGY-2:**
- Upper level residents should be able to teach students and junior residents when to involve ancillary services and consultants in the care of the patients, and the appropriate role for these services.

**PGY-3:**
- Master aspects of systems-based practice needed to ensure optimal patient care and utilization of available resources.
- Demonstrate patient advocacy within the system of care.
- Teach students and junior level residents how to use the system to optimize patient care. | **SBP PC**
**Direct instruction and demonstration by attendings**
**M and M conferences**
**Morning report**
**House staff conferences** | **Global eval**

| **PGY-3:**
- Increase ability to generate questions based upon clinical encounters and to use the medical literature to answer these questions.
- Demonstrate increasing competence in the use and interpretation of the medical literature.
- Demonstrate an understanding of how to analyze medical errors and poor outcomes and use this experience to improve performance. | **report** | **SBP PC**
**Direct instruction and demonstration by attendings**
**M and M conferences**
**Morning report**
**House staff conferences** | **Global eval**

| **PGY-1:**
- Learn the role of consultants and demonstrate the ability to use consultants appropriately to enhance patient care.
- Maintain appropriate professional relationships with nurses, pharmacists, clerks, and all other members of the health care team. | **SBP PC**
**Direct instruction and demonstration by attendings**
**M and M conferences**
**Morning report**
**House staff conferences** | **Global eval** |