

Curriculum on Dermatology Rotation Danbury Hospital Primary Care Residency Program

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A. Educational Purpose and Goals

Dermatology Faculty:

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Monday, Tuesday, Thursday and Friday; Dr. Notaro

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Dermatologic concerns by patients account for approximately ten percent of outpatient visits to physicians. It is important for the general internist to have familiarity with common skin lesions and skin diseases. Recognizing when skin findings may indicate a systemic disease will aid in the diagnosis of these conditions. The mission of the dermatology elective is to provide internal medicine residents the opportunity to observe the faculty when evaluating and treating patients in an outpatient private office setting.

The goal is for the resident to be able to recognize common benign and malignant skin conditions and recognize cutaneous signs of systemic disease. These skills will help the resident determine when he can reassure a patient that a condition is benign and initiate therapy when indicated. These skills will also help the resident in determining if the patient should be referred to a dermatology specialist.

B. Teaching Methods.

1. Supervised direct care: Because the dermatology elective is of short duration the resident will observe the dermatologist as he sees his patients to maximize the number of patients and case mix that the resident observes. As time allows the resident may evaluate patients initially and then present the case to the supervising dermatologist.
2. Procedures; Residents may perform procedures under the supervision of the dermatologist such as skin biopsies, cryosurgery and KOH preparations.

3. Didactics; Residents should attend the monthly dermatology lecture scheduled on the 2nd Thursday of each month (no lecture in July). (Please see attached Lecture Schedule for Residents)
4. Reading List:
 - Residents will be given a small handbook entitled Contemporary Guide to Dermatology by John Koo, M.D. et al to provide a background in dermatology.
 - Visual Dx; an online dermatologic tool located on the DH library website
 - Residents are advised to read about the various entities that they encounter in dermatology textbooks in the dermatology offices or in the medical library.
 - A recommended textbook is Color Atlas and Synopsis of Clinical Dermatology by Thomas B. Fitzpatrick, M.D. et al.
 - Residents will be encouraged to use internet resources such as <http://dermatlas.med.jhmi.edu/derm>

C. Educational Content

- Case mix: In the office setting resident will observe and learn to recognize benign skin lesions such as seborrheic keratoses, cherry angiomas and verrucae, precancerous lesions such as actinic keratoses and malignant lesions such as basal cell carcinoma, squamous cell carcinoma and malignant melanoma. Residents will encounter common dermatologic diseases such as acne, eczema, contact dermatitis, psoriasis and fungal infections. Residents will learn the treatment of the various conditions they encounter.
- Patient characteristics: The dermatology offices evaluate patients in all age ranges including pediatrics.
- Learning venues: The private dermatology offices of the physicians listed above. (Please refer to the attached "Schedule for Medical Residents on Dermatology Rotation")

D. Method of Evaluation of Resident and Faculty Competence

At the beginning of each rotation the residents and preceptors will review the goals and objectives of the rotation using New Innovations. At the end of the rotation a competency-based face to face review of the resident's performance will take place. It will be the resident's responsibility to schedule the final review with the MD preceptor. These evaluations are discussed in a summative fashion during our House staff evaluation committee meetings. A final written evaluation will be incorporated into the resident's semiannual performance review.

E. Rotation Specific Competency Objectives

The Dermatology Elective is a two week block, as a result there are inherent evaluative deficiencies. Residents however are expected to achieve the following PGY 2 level competencies/milestones:

1. Patient Care

- a. Residents should be able to describe the morphology of skin lesions, classification of dermatologic surface changes (e.g. scaling, oozing, crusting) and to know what skin conditions have a predilection for certain body areas which aids in determining a diagnosis. These items are presented in Chapter 1 of the Contemporary Guide to Dermatology .
- b. Residents should be able to identify the indications and contraindications for dermatologic procedures such as shave biopsy vs. punch biopsy and cryosurgery.
- c. Residents should be able to interpret common laboratory tests such as a KOH preparation to detect fungal organisms.
- d. Residents should improve their ability to diagnose common skin conditions, initiate therapy when indicated and to determine when referral is indicated.

2. Medical Knowledge

- a. Residents will increase their knowledge of dermatologic disease using available resources to study the diseases they encounter.
- b. Residents should review the recommended texts and internet resources to become familiar with less common skin diseases.

3. Practice Based Learning and Improvement

- a. Residents should be well versed in the use of technology such as online dermatology atlases to increase their knowledge and to support medical decisions.

4. Interpersonal and Communication Skills

- a. Residents should communicate effectively with the physician, staff and patients they encounter on the dermatology rotation.

5. Professionalism

- a. Residents should demonstrate appropriate professional deportment during the elective.
- b. Resident should demonstrate compassion and respect for patients with disabling or disfiguring conditions.

6. System Based Learning

- a. Residents will learn to appropriately utilize dermatologists in the management of their patients. They should be able to determine which conditions that they can treat effectively in the primary care office and which patients should be referred to the dermatologist. In this manner the resident will improve their cost effectiveness and improve their ability to advocate for their patient.

