Dermatology Outpatient and Consult Service Curriculum

The dermatology outpatient and consult service provides evaluation and consultative management of those patients with various dermatologic diseases who have an outpatient clinic appointment and/or who have been admitted to both medicine and non-medicine services including ICU patients. The dermatology division includes the following individuals:

Ramsay S. Farah, MD FAAD, Division Chief, Division of Dermatology

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I. Educational Purpose

The general internist/hospitalist should be competent to evaluate and treat those patients with a dermatologic disease process as well as understand when a referral to a dermatologic specialist is appropriate. The general internist should also be well-trained in identifying benign, malignant, and inflammatory processes. Furthermore, the house-staff should learn the basic and proper nomenclature identifying primary and secondary cutaneous lesions. They should also be adept at identifying distribution of lesions and generating a basic differential and treatment paradigm.

II. Learning Venue

A. Rotation description - The dermatology division service is a UHCC and University Hospital-based service that will allow the house-staff officer to see patients of any age, of male and female gender, and of varying ethnicities/cultures. The dermatology inpatient consult service is a service with 24/7 call. The outpatient clinic takes place all day Monday and Thursday morning until noon. The outpatient clinic typically schedules between 18-25 patients per ½ day session. The outpatient service consists of the the two attending dermatolgists, an intern, and sometimes includes medical students. The inpatient consult service consists of an attending and the rotating intern (s).

Expectations of the PGY-1: The dermatology experience consists of two one week rotations. The intern (s) will be on call during working hours during the entire week. After hours and on weekends, the Medicine on-call (medicine consult) resident will be on call.

1) When an in-patient consult is requested, the PGY-1 is expected to see the patient and complete a full history and physical on the patient. Digital photographs are also to be taken with either the hospital approved camera found in the chief resident's office or through their own personal phones using the Haiku app. – downloading these pictures directly into EPIC. Thereafter, the PGY-1 will call the dermatology attending and present the case, while the attending is accessing EPIC and viewing the pictures. Thereafter a discussion will follow resulting in the formulation of an assessment and plan which will be placed in the note. If

biopsies or other work up is pending but not available before the PGY-1 rotates off dermatology, then a sign of is expected with the incoming PGY-1's. The PGY-1 will give the dermatology attending their name and beeper number at the start of the rotation.

2) With regard to outpatient responsibilities: The PGY-1 is expected to be on time at the start of the clinic at 8:00 am. Once a patient is roomed, the PGY-1 will review the patient history in EPIC prior to seeing the patient. They will then go into the room and conduct an appropriately focused cutaneous history and physical. This will be presented to the attending and then both will go see the patient. The attending will then dictate the relevant parts of the note which will be completed by the PGY-1 and then sent to the attending for co-signature. The PGY-1 will also be expected to interpret basic laboratory and biopsy test results. Another expectation is the furtherment of his/her own learning through the use of reading materials – such as text books or internet sources such as Up-To-Date, Visual Dx., or others. Intellectual curiosity and evidence based patient care should be demonstrated. Display professionalism and good communication skills with other team members, nursing, patients and families. Work efficiently with nursing, social workers and case managers on quality and timely patient care.

B. Teaching Methods:

1. Dermatology clinic and In-Patient Consults

The entire team will discuss patient issues and formulate outpatient recommendations for each patient they see. The dermatology attending will point out salient features during the physical exam and direct a discussion regarding the disease process, pathophysiology, clinical features and treatment paradigms. The same method of bedside teaching will be used for an in-patient consult.

2. Unique Learning Opportunities:

Derm path lectures given to the pathology residents quarterly.

Dermatology Grand Rounds Presentation.

Farah Lectureship in Dermatology/Immunology invited visiting speakers

Resident Noon Conference Lectures.

III. Educational Content

Given the short duration of the rotation, it is not possible that the PGY-1 will see the entire gamut of dermatologic diagnoses. However, the table below is useful as a guideline to what the house-officer might see (Source: Cutis Magazine).

Table 2.

Top 20 Dermatologic Conditions Seen by Dermatologists and Nondermatologists and Referrals to Dermatologists by Nondermatologists (2001-2010)[a]

	Dermatologists		Nondermatologists		Referrals	
Rank	Condition	No. of Visits[b,c] (%)	Condition	No. of Visits[b,c] (%)	Condition	No. of Visits[b,c] (%)
1	Acne	39,070 (13.2)	Contact dermatitis	51,592 (12.0)	Benign tumor	6,717 (10.6)
2	Actinic keratosis	33,722 (11.4)	Cellulitis/abscess	36,811 (8.5)	Acne	6,436 (10.1)
3	NMSC	28,063 (9.5)	Rash	17,118 (4.0)	NMSC	6,173 (9.7)
4	Benign tumor	25,423 (8.6)	Epidermoid cyst	16,835 (3.9)	Contact dermatitis	5,584 (8.8)
5	Contact dermatitis	25,266 (8.5)	Tinea	16,823 (3.9)	Actinic keratosis	4,977 (7.8)
6	Seborrheic keratosis	16,659 (5.6)	Viral warts	15,988 (3.7)	Viral warts	3,400 (5.3)
7	Viral warts	14,807 (5.0)	Varicose veins	13,161 (3.1)	Seborrheic keratosis	3,175 (5.0)
8	Psoriasis	12,296 (4.2)	Disorder of skin, NOS	13,089 (3.0)	Psoriasis	2,325 (3.7)
9	Rosacea	9,469 (3.2)	NMSC	11,776 (2.7)	Alopecia	2,056 (3.2)
10	Epidermoid cyst	6,734 (2.3)	Benign tumor	11,217 (2.6)	Rosacea	1,600 (2.5)
11	Dyschromia	6,095 (2.1)	Candida	10,113 (2.3)	Dyschromia	1,472 (2.3)
12	Tinea	5,182 (1.8)	Uncomplicated herpes zoster	9,864 (2.3)	Disorder of skin, NOS	1,431 (2.3)
13	Neoplasm of uncertain behavior of skin	5,157 (1.7)	Acne	9,813 (2.3)	Tinea	1,272 (2.0)
14	Disorder of skin, NOS	4,706 (1.6)	Disturbance of skin sensation	8,504 (2.0)	Epidermoid cyst	1,257 (2.0)
15	Seborrheic dermatitis	4,260 (1.4)	Insect bite	8,348 (1.9)	Neoplasm of uncertain behavior of skin	1,231 (1.9)
16	Alopecia	3,985 (1.3)	Ulcer	7,299 (1.7)	Atopic dermatitis	1,061 (1.7)
17	Atopic dermatitis	3,667 (1.2)	Urticaria, NOS	6,868 (1.6)	Molluscum contagiosum	802 (1.3)
18	Keratoderma	2,987 (1.0)	Blepharitis, NOS	6,617 (1.5)	Other specified disorders of skin	801 (1.3)
19	Other specified disorders of skin	2,955 (1.0)	Impetigo	5,968 (1.4)	Seborrheic dermatitis	694 (1.1)
20	Other specified disease of hair/ hair follicles	2,485 (0.8)	Uncomplicated herpes simplex	5,652 (1.3)	Rash	681 (1.1)

Abbreviations: NMSC, nonmelanoma skin cancer; NOS, not otherwise specified.

[a]Data from the National Ambulatory Medical Care Survey.

[b]In thousands.

[c]Reflects total of skin-related diagnoses (dermatologists, N=296,100,000; nondermatologists, N=431,870,000; referrals, N=63,550,000).

IV. Method of Evaluation

Evaluations are based on the six core competencies. All team members are expected to complete formal evaluations at the end of each rotation using the web-based E-Value evaluation software. End of week verbal feedback should be sought by house-staff.

V. Rotation specific Competency Objectives – link to Competency based learning objectives document

A. Patient Care/Medical knowledge – this rotation offers concentrated learning in the areas outpatient and inpatient dermatology care.
B. Professionalism – link
C. Interpersonal and communication skills – link
D. Practice based learning – link
E. Systems based practice – link.

Reviewed and Revised by: Ramsay S. Farah, MD

Date Revised: June 3, 2016