Department of Medicine

UPSTATE MEDICAL UNIVERSITY
COLLEGE OF MEDICINE

Dermatology Elective Rotation

The dermatology service includes outpatient management of patients with various dermatologic disease including adult and pediatric general medical dermatology, cutaneous oncology and cutaneous surgery. The service also provides consultative service to University Hospital, Crouse Hospital, St. Joseph's hospital, and a skin cancer clinic at the VA Hospital. The dermatology division includes the following individuals:

Ramsay S. Farah, MD – Section Chief and Associate Professor of Medicine and Pathology
Fuad S. Farah, MD – Professor of Medicine
Joyce B. Farah, MD –Assistant Professor of Medicine
Josephine McAllister, MD –Assistant Professor of Medicine

I. Educational Purpose

The general internist should be competent to evaluate and appropriately refer patients with common dermatologic disorders such as psoriasis, atopic dermatitis, acne, and others. He or she should also be able identify the most common skin cancers such as actinic keratosis, basal cell, squamous cell and malignant melanomas. The general internist must also be familiar with common dermatologic diseases encountered in the hospital setting such as drug rashes and vasculitis (among others) and should be knowledgeable about the cutaneous manifestations of internal diseases.

II. Learning Venue

A. Rotation Description - The dermatology service is an out-patient-based service including University Hospital and the VA Hospital that will allow the housestaff officer to see medical and surgical patients of all ages, of male and female gender, and of varying ethnicities/cultures. The average half day clinic has 20-30 patients per session (95% University, 5% VA) and consists of the 3-4 attendings, 3 house-staff officers, and one or two 3rd 4th year medical students.

Expectations of the Medicine Resident: The resident will complete detailed history and physicals of referred patients and complete progress note on a daily basis as supervised/dictated by the attending staff. He or she will initially go into patient rooms, gather information for the history and physical, and then present these findings to the attending staff. The resident will then accompany the attending back into the patient exam room and finish the patient encounter under direct attending supervision. This will entail writing prescriptions, ordering labs, or gathering lab results. Once the patient encounter is completed, the resident will accompany the attending back to the conference room, where a discussion of the case will occur. If a hospital consult is requested, the resident is expected to preceed the attending, perform the consult (conduct a history, physical exam, and write a preliminary note) in anticipation of the attending – the attending will then come and see that patient, and issue a final recommendation along with the resident.

B. Teaching Methods:

1. Daily Clinics

Here the entire team (students, housestaff, and attending) will discuss patient issues and formulate daily plans. The housestaff will be expected to have seen each of their assigned patients, collected all relevant data, and present in a concise, logical format to the attending.

Pre and Post Examination

At the beginning and at the end of the rotation, the resident will be given a test

The test will be used to gauge the resident's progress with respect to the educational goals of the rotation. It is not meant to be used in for "pass/fail" purposes

2. Recommended Reading:

The resident will be given a list of recommended readings as it relates to the subjects that will be highlighted during the rotation. The reading list will be a patchwork of journal articles, internet articles and book chapters, and accompanying teaching slides from the American Academy of Dermatology

In addition, the resident will be expected to read about certain entities that were seen in the clinic on a particular day. Dermatology is a very visual field, and best learned by reading about a condition as it is encountered in the clinic that day - while the "picture of the disease" is still fresh in one's mind

3. Unique Learning Opportunities:

Dermatology clinical lectures given to the house-staff at noon conferences and Dermatopathology lectures given to the pathology residents every other month. The residents will benefit from attending these educational conferences.

C. Mix of Diseases and Patient Characteristics

1. Common Clinical Presentations and Diseases:

Basal Cell Carcinoma
Squamous Cell Carcinoma
Malignant Melanoma
Psoriasis
Atopic Dermatitits
Granuloma Annulare
Necrobiosis Lipoidica Diabeticorum
Stasis Dermatitis
Seborrheic Keratosis
Keratosis Pilaris
Cysts
Bullous Pemphigois
Pemphigus Vulgaris
Cellulitis
Cutaneous Candidiasis
Acne and related disorders
Urticaria
Sarcoidosis
Lichen planus
Vasculitis
Vitiligo
Pruritus
Contact dermatitis
Drug hypersensitivities
HPV infections

2. Procedures:

Observe and assist in shave biopsies
Observe and assist in punch biopsies
Observe and assist in excisions
Observe and assist in suture removals
Observe and assist in Intralesional injections
Observe and assist in KOH preparation and interpretation
Observe and assist in skin cultures

III. Educational Content

Papulosquamous Disorders
Psoriasis
Atopic Dermatitis
Lichen Planus
Pityriasis Rosea
Contact Dermatitis
Ichthyosis
Xerosis Cutis

Cutaneous Oncology
Basal Cell Carcinoma
Squamous Cell Carcinoma
Malgnant Melanoma
Actinic keratosis
Cutaneous T Cell Lymphoma

Hair and Nail Diseases
Androgenetic Alopecia
Telogen Effluvium
Traction Alopecia
Scarring Alopecia
Onychomycosis
Psoriatic Nails
Nail manifestations of Lichen Planus
Pigmented nail conditions

Infections Diseases of the Skin
Manifestations of HIV disease
HPV infections
Molluscom Contagiosum
Tinea Pedis, Corporis, and Capitus
Cutaneous Candidiasis
Cellulitis
Impetigo

Cutaneous Manifestations of Internal Disease
Vitiligo
Granuloma Annulare
Sarcoidosis
Stasis Dermatitis
Pruritus secondary to endocrine disease
Pruritius secondary to internal malignancy
Lichen planus associated Hepatitis B+C disease
Porphyria Cutanea Tarda
Leukocytoclastic vasculitis
Xanthomas
Manifestations of Rheumatologic diseases
Urticaria and Angioedema

IV. Method of Evaluation

All team members are expected to complete formal evaluations at the end of each rotation using the web-based E-Value evaluation software.

V. Rotation Specific Competency Objectives

A. Patient care – generic link to competency document
B. Medical knowledge – generic link to competency document
C. **Professionalism** – Generic link to competency document
D. Interpersonal and Communication skills – Specialty and consult services are by nature rotations that test a resident's 'people' skills. The dermatology setting is somewhat unique in that the patient/physician interaction is often limited to 10 to 15 minutes. The physician has to be efficient in gathering a history, doing a physical exam, formulating a diagnosis, and instituting a treatment plan.

This has to be done in addition to putting the patient at ease and garnering their trust. All the while the physician must be competent, attentive, and humble. All of these elements have to come together in a short span of time and require impressive interpersonal and communication skills. Your performance on how well you do this is reflected by 1) the clarity and precision of your history and physical 2) the clarity and precision of your discussions with the patient and attending staff 3) the feedback of the attending staff as to your performance in these areas

E. **Practice Based Learning –** generic link to competency document

F. **Systems Based Practice –** This rotation offers a unique opportunity to work in a cross specialty environment including inpatients, and outpatient consults from the ID service, renal service, oncology, general medicine, family practice, transplant, surgical and psychiatric services.

Review of the ACGME Duty Hours

- ACGME Rules Regarding Duty Hours
  - The Work Day
    - No shift can be longer than 24 hours.
      - An additional 3 hours can be utilized to finish work that does not relate to direct patient care.
  - There must be 10 hours off between shifts.The Work Week
    - No work week (Sunday through Saturday) can exceed 80 hours under any circumstance.
      - Moonlighting (for fellows and chief residents) counts toward the 80 hours.
    - There must be a continuous 24 hours off per week.