

# VA Dermatology Curriculum, 2015-16

Reviewed and Revised by: Douglas S. Walsh, MD, FAAD; 7 Aug 2015

## Introduction

A 2 week rotation will aim to expose 3<sup>rd</sup> year IM residents to various adult dermatology conditions seen in clinic, their treatments, and procedures. Dermatology questions make up 3% of the IM board exam. The rotation should at least allow residents to become familiar with the dermatology conditions that may be on the IM board exam, as listed on the IM Board website. The rotation may also include in-patient consults and same day ED consults.

Given the short duration, residents will see most patients with the attending, help documenting visits, and observe/participate in whatever procedures are scheduled for the 2 week period.

### I. Educational Purpose

The general internist should be competent to evaluate and assess common adult dermatology conditions and be aware of the few dermatological urgencies.

### II. Learning Venue

- A. Rotation Description –Clinic site 2E, Ext 52079 for derm nurses (Theresa or Rodney)
- General derm clinics: 0800-1200, Mon and Fri
  - Procedure clinics: 0800-1200, Tue and Thu

There may be occasional opportunity for teledermatology, the Dx/Rx of still images.

- B. Teaching Methods:  
Seeing clinic patients, observing procedures, largely shave or punch biopsies and destruction/excision of skin cancers, and reviewing the list of conditions that may appear on IM board exam, largely through PPT slide decks (see list below). Basic treatments will also be reviewed. On occasion: residents may be able to assist with procedures, or review pathology of selected cases with the attending pathologist.
- C. Mix of Diseases:  
The VA typically sees skin cancers, psoriasis, shingles, tinea/onychomycosis, folliculitis, and acne/rosacea. Less common conditions may also be seen during the rotation.

### III. Method of Evaluation

- A. Residents are expected to become familiar with common skin conditions, especially those that might appear on the IM board, listed below. As the rotation is short, PPT files will be used to show and discuss conditions. Residents will be evaluated on showing knowledge of common conditions and those listed on the IM Board exam by the end of the rotation.

### IV. Rotation Specific Competencies

- A. **Medical knowledge** –as above
- B. **Professionalism** – show good judgment, professionalism
- C. **Interpersonal and Communication Skills** – show effective communication skills
- D. **Practice-based learning** –as applicable, use evidence-based tools in patient care
- E. **Systems-based practice** – encouraged to look for opportunities to improve systems

## **Dermatology conditions that may appear on IM Board, per IM Board Website**

### **Dermatitis (Eczemas)**

Seborrheic dermatitis  
Atopic dermatitis  
Contact dermatitis  
Photodermatitis  
Stasis dermatitis  
Hand dermatitis  
Drug eruptions  
Nummular dermatitis  
Exfoliative dermatitis (erythroderma,  
other than mycosis fungoides)

### **Dermatologic immunology**

Urticaria and angioedema  
Leukocytoclastic vasculitis  
Other dermatologic immunology

### **Vascular/immune dermatoses**

Erythema multiforme  
Erythema nodosum  
Telangiectasias  
Leg ulcers

### **Acne/Rosacea**

Acne vulgaris  
Rosacea

### **Papulosquamous dermatoses**

Psoriasis  
Pityriasisrosea (vs. 2<sup>nd</sup>syphilis)  
Lichen planus

### **Disorders of the nails**

### **Environmental injury of skin**

Frostbite  
Burns

### **Walsh additions:**

Dermatology "Urgencies"  
Skin signs HIV and other serious infections  
Cutaneous manifestations of some internal diseases  
Auto-immune: lupus, dermatomyositis, scleroderma  
Endocrine: diabetes (diabetic dermopathy, granuloma annulare, scleredemadiabeticorum)  
Hem Onc: pyoderma gangrenosum , acrokeratosisneoplastica, familial cancer syndromes

**As time allows, topics below may be reviewed (some on IM Board exam\*); American Academy of Dermatology suggested order for 2 week adult dermatology rotation**

1. Skin exam
2. Basic morphology
3. Dermatologic therapies
4. Benign skin lesions/warts
5. Acne/rosacea \*
6. Psoriasis\*
7. Contact dermatitis\*
8. Adult fungal infections
9. Red scaly rash
10. Actinic keratosis and SCC
11. Basal cell carcinoma
12. Evaluation of pigmented lesions
13. Melanoma
14. Bacterial infections of skin
15. Stasis dermatitis and leg ulcers\*
16. Drug reactions
17. Petechiae, purpura and vasculitis\*
18. Urticaria
19. Blisters
20. Viral exanthems
21. Infestations/bites