

Internal Medicine Residency Program Rotation Curriculum

I. Rotation Sites and Supervision

Rotation Name: DERMATOLOGY CONSULT

Site	Faculty Supervisor	Administrator	Phone
UCIMC	Kenneth Linden, M.D		714 456-5131
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II. The educational rationale and goals for this rotation

To expose the student to diagnostic techniques pertinent to dermatology including morphologic description, laboratory procedures and differential diagnosis

III. The principal teaching methods for this rotation

One on one patient-physician teaching in an outpatient setting coupled with grand rounds and lectures

IV. Responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

- Medical Student: Direct patient encounters where a diagnosis (es) are made and treatment plans are produced
- Medical Resident: Direct patient encounters where a diagnosis (es) are made and treatment plans are produced

Medical Residents: PGY 1 Residents

Patient Care Responsibilities:

Residents are responsible for following of a select number of patients on the consult service and in clinic. Patient selection is directed by the fellow or attending. All patient care activities of the consult resident are under direct supervision of the fellow.

Procedures:

The resident can perform procedures appropriate for their level of training on the consult service. All procedures will be performed under the direct supervision of the resident or fellow.

Education:

The residents are expected to contribute on rounds. They are expected to present their patients on rounds, and contribute to the discussion of diagnosis, management, pathophysiology, and any related basic science issues. They will present patients at conference. They are expected to review pertinent medical literature. Guidance from the fellows and senior residents will be provided.

Patient Care:

The PGY1 residents will perform full consultation H&P on all new consults under their care. They will be responsible for collecting all database information, reviewing prior records, following laboratory information, and writing recommendations under direct supervision of the fellow.

Senior Residents (PGY2 & 3)

Senior residents will be responsible for all activities noted for PGY1 residents. In addition, these residents will be responsible for coordinating teaching efforts for interns and medical students. The

senior residents will place emphasis on Medical Knowledge Management in the context of consultation. The senior residents will participate in divisional conferences and present appropriate cases with literature review and critical appraisal. The senior residents will be available to teach medical students physical diagnosis.

The senior resident will be certified in basic procedures including thoracentesis, paracentesis, arterial blood gas procedures, and lumbar puncture, and will be responsible for teaching this procedure to the PGY1 residents.

Competency-based Objectives for the Dermatology Rotation

The PGY1 resident

1. Will be able to identify basic skin lesions which would require biopsy or which may be malignant
2. Will be familiar with the management of uncomplicated acne, eczema, dyshydrosis, contact dermatitis, psoriasis, tinea, hives and urticaria, infectious exanthems.
3. Will be familiar with the diagnosis of pruritis without rash.

The Senior Resident

1. Will be able to identify basic skin lesions which would require biopsy or which may be malignant
2. Will be familiar with the management of uncomplicated acne, eczema, dyshydrosis, contact dermatitis, psoriasis, tinea, hives and urticaria, infectious exanthems.
3. Will be familiar with the diagnosis of pruritis without rash.
4. Will be skilled in the biopsy of skin lesions.
5. Will be familiar with the management of complicated psoriasis and other dermatoses with systemic manifestations.
6. Will be familiar with the dermatologic manifestations of internal disease

Patient Care	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to this discipline and good patient care overall in common dermatologic conditions as well and in the dermatologic manifestations of internal disease	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care	Most of the time	All of the time	
Working with other health care professionals to ensure the best care	All of the time		
Teaching patients and families	Most of the time	All of the time	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Response to emergencies	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Commitment to wellness, screening & prevention.	Most of the time	All of the time	

Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time	
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Medical Knowledge	PGY1	PGY2	PGY3
Medical illnesses	Reporter & Interpreter	Manager & Educator	Competent to practice independently
Complete differential diagnoses	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Epidemiology & biostatistics	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Research design		Competent in basic issues	Competent in basic issues
Ambulatory medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
ICU Medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time		

Practice-based Learning	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently		
Use of medical information resources & search tools	Consistently		
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	Consistently	
Applying critical appraisal techniques consistently to patient resources I use for patient care	Basic understanding	Consistently	

Interpersonal & Communication Skills	PGY1	PGY2	PGY3
Create personal relationships with each patient by appropriately engaging them at each encounter	Most of the time	All of the time	
Use of verbal & non-verbal facilitation	Most of the time	All of the time	
Consistently demonstrate appropriate empathy & good listening skills	All of the time		
Respectful communication with colleagues & other professionals	All of the time		
Involve patients & families in discussions about care. Patient education.	Most of the time	All of the time	
I go out of my way to ensure the best possible care.	All of the time		
Enlist patients & families in health care decisions, including their feedback	Most of the time		
My ability to accept & integrate feedback from faculty & peers	All of the time		
I always sit down at the bedside to speak with my patients.	All of the time		

Professionalism	PGY1	PGY3	PGY3
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Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time		
Ethical behavior	All of the time		
Commitment to excellence	All of the time		
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	Most of the time	All of the time	
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time		
Commitment to education & to learning	All of the time		Accelerated
Personal insight & self-reflection	Most of the time	All of the time	
Completion of assignments	All of the time		
Timely response to pages	All of the time		
Timely completion of medical records	All of the time		
Conference attendance	Meets requirements		
Hand-offs and sign-outs	Consistently well presented	Consistently of the highest quality	
Leadership skills	Developing	Consistent	Consistent

Systems-based Practice	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	
Use of outside resources	Generally aware	Integrates into all plans	
Use of case-management	Generally aware	Integrates into all plans	
Attention to quality, safety, and process improvement	Generally aware	Integrates into all plans	Makes these a top priority in all areas
Systems-based Practice (continued)	PGY1	PG2	PGY3
Identification of systems issues that affect patient care	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware	Sophisticated understanding

Teaching Skills	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment	
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent	

Organization Skills	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	
Ability to prioritize personal issues in accord with personal values & priorities (Get my life	Basic understanding	Consistent focus	

in order)			
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

- Fellow: Monitor and direct the patient care activities of the junior residents and medical students
- Attending: Monitor and direct the patient care activities of the junior residents and medical students

V. Core Suggested Reading for this rotation

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Color Atlas and Synopsis of Clinical Dermatology by Fitzpatrick et al

Dermatology for the House Officer by Lynch

VI. Key physical diagnosis skills which should be reviewed during this rotation

Recognition of 9 primary lesions, configurations and distributions

VII. Key procedures which the resident should be able to *perform*

Destruction of cutaneous lesions using liquid nitrogen

Punch and shave biopsy

VIII. Key tests or procedures which the resident should be able to *understand the indications for and to interpret*

When to perform a skin biopsy, potassium hydroxide mount, and culture for bacteria and fungi

IX. The most important diseases or conditions which the resident should see and understand during this rotation

Actinic keratosis, cutaneous malignancies, papulosquamous diseases & eczematous eruptions

X. Evaluation Methods

Faculty will evaluate each resident's performance using the standard "Internal Medicine Resident Evaluation Form" at the end of each block rotation. Evaluation forms will be submitted to the Residency Program for review by the Program Director and by the Residency Oversight Committee.

Residents will complete evaluations of their attending faculty, their supervising residents, and the rotation itself. These evaluations will be submitted to the Residency Program for Review by the Program Directors and the Curriculum Committee. Copies of evaluations will be submitted to the Division Chiefs for their review

XI. Core Educational Topics and Venues for this Discipline
Outlined in the attached Core Curriculum of Internal Medicine

Updated 4/10