

**University of Washington
Internal Medicine Residency**

Dermatology Curriculum

Educational Goals: IM Residents will rotate through dermatology services and clinics to:

- Develop a solid foundation in the diagnostic evaluation, differential diagnosis and approach to management of dermatologic diseases
- Learn to distinguish benign skin lesions and normal moles from dysplastic nevi, melanoma, and non-melanoma skin cancer (basal cell cancer and squamous cell cancer).
- Learn principles and techniques for procedures of skin biopsy, simple excisional surgery, cryosurgery, electrosurgery
- Learn use of the microscope to interpret wet mounts and smears
- Develop an understanding of skin signs of systemic diseases
- Recognize rare conditions and learn appropriate referrals to dermatology specialty

This chart details the minimum curricular goals for each year of residency.

Patient Care: History Taking

Resident Competency Evaluation Form, Mini-CEX

PGY-1	Demonstrates the ability to obtain and document an accurate and complete history from patient and/or caretaker. Specific focus on: <ul style="list-style-type: none"> • Rash onset, location, sx • Risk factors for dermatologic conditions • Previous sx, therapy and response Achieves these objectives with moderate faculty input
PGY-2	Demonstrates the ability to obtain and document an accurate complete history. Specific focus on: <ul style="list-style-type: none"> • Systemic conditions with derm manifestations (infection, rheumatologic) Achieves these objectives with occasional input from faculty.
PGY-3	Demonstrates the ability to obtain and document an accurate and complete history. Achieves these objectives independently.

Patient Care: Physical Exam

Resident Competency Evaluation Form, Mini-CEX

PGY-1	Performs accurate and complete physical exam with moderate faculty input; can describe and document major abnormalities, including: <ul style="list-style-type: none"> • Abnormal lesions, nevi and moles • Skin ulcer exam • Detailed rash description • Nail findings Can describe and begins to be reliable in the screening exam for skin cancer.
PGY-2	Achieves the previous objectives with only occasional input from faculty. Reliably able to perform: <ul style="list-style-type: none"> • screening exam for skin cancer • detailed exam for relevant systemic conditions
PGY-3	Accurately describes and documents the objectives with rare faculty input.

Pt care: Medical Decisions

Methods: Resident Competency Evaluation Form, Chart Review/documentation

PGY-1	Appropriately seeks assistance re: hospitalization. Writes progress notes that identify important data and demonstrate thoughtful problem based assessment and plan. Describes management and therapeutic goals for a variety of derm conditions (see medical knowledge list). These objectives are met with regular faculty input.
PGY-2	Reliably recognizes critical illness requiring hospitalization Can independently initiate management strategies. Recognizes clinical evidence of suboptimal response to the planned therapy. These objectives are met with occasional faculty input.
PGY-3	Can identify causes of failure to respond to appropriate therapy. Can independently initiate urgent and ongoing management strategies. These objectives are met independently with little faculty input.

Patient Care: Procedural skills **Resident Competency Evaluation Form, Procedure Log**

PGY-1	<p>Masters the cognitive, counseling and technical skills for:</p> <ul style="list-style-type: none"> • Obtaining wet mounts and smears • Skin biopsy • Skin scraping and small cyst removal • Cryotherapy <p>Interprets results of:</p> <ul style="list-style-type: none"> • Wet mounts and smears <p>Understands the indications for biopsy/drainage for abscesses</p>
PGY-2	<p>Interprets report findings of: Pathology reports</p> <p>Understands the indications for:</p> <ul style="list-style-type: none"> • Acne surgery • Lesion excision • Intralesional injections
PGY-3	<p>Understands the techniques of:</p> <ul style="list-style-type: none"> • Intralesional injections <p>Electrosurgery and Moh's procedure</p>

Patient Care: Consultation Process **Resident Competency Evaluation Form**

PGY-1	<p>Uses relevant questions to obtain consultation and follows up on unclear recommendations. As a consultant, identifies questions of primary team and completes thorough data-gathering with preliminary assessment and plan. Relies on regular faculty input.</p>
PGY-2	<p>Develops strategy for managing patient referrals and follow-up in the outpatient arena. Serves as an effective consultant. Relies on moderate faculty input.</p>
PGY-3	<p>Critically analyses consultant recommendations and manages conflicting opinions of multiple consultants. Consultations provided using EBM literature review.</p>

Medical Knowledge **Resident Competency Evaluation Form, Attd Review of Written Documentation**

PGY-1	<p>Applies relevant clinical and basic science knowledge in the following dermatologic conditions:</p> <ul style="list-style-type: none"> • Skin cancer • Sun damage • Skin conditions of the elderly • Eczema and Atopic dermatitis • Seborrheic dermatitis • Psoriasis • Acne • HIV associated skin issues • Melanoma • Non-melanoma skin cancer • Skin ulcer • Bullous disease <p>Systemic conditions: dermatomyositis, lupus, scleroderma, dermatitis herpetiformis,</p>
PGY-2	<p>Demonstrates a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans.</p>
PGY-3	<p>Understanding and application of medical literature related to common medical conditions.</p>

Interpersonal Skills and Communication **Resident Competency Evaluation Form, Mini-CEX**

PGY-1	<p>Effectively establishes rapport with patients and families. Communicates well with primary referring team and other consultants. Presents on rounds in an organized and articulate way. Functions as an effective consult team member. Provides timely and thorough documentation of patient care.</p>
PGY-2	<p>Effectively carries out difficult discussions, including sensitive topics, with moderate faculty input. Provides teaching and feedback to more junior team members on their communication styles. Functions as an effective team leader. Provides timely and thorough electronic documentation of patient care. Effectively carries out difficult discussions, such as sensitive topic discussions with occasional faculty input.</p>

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PGY-3	Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care. Functions as an effective team leader with decreasing reliance on attending. Functions as a consultant.
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Professionalism **Resident Competency Evaluation Form, Conference Attendance**

PGY-1	Strives for patient care and knowledge excellence. Reliably accomplishes assigned tasks Demonstrates integrity, respect for others, honesty and compassion. Demonstrates timely completion of administrative tasks and documentation.
PGY-2	Reliably identifies and accomplishes necessary tasks. Sets a tone of respect and collegiality for the team.
PGY-3	Acts as role model for patient care and professional behavior.

Practice Based Learning and Improvement **Resident Competency Evaluation Form**

PGY-1	Seeks and accepts feedback from team about patient care, organization and presentations. Learns basic EBM principles, and article review. Understands limits of own knowledge, and seeks help.
PGY-2	Understands EBM principles, and begins to utilize relevant research to support decision-making and teaching of junior team members. Identifies knowledge deficiencies and seeks to correct them.
PGY-3	Appropriately integrates EBM with expert opinions and professional judgment. Ability to accurately self-assess skills and performance.