



Dermatology Curriculum

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY-3

Description of Rotation:

This is a two- 4-week block Dermatology experience with direct supervision by Board Certified Dermatologist, and online work supervised by Family Medicine physicians. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected.

Overall Goals of Dermatology Rotation:

The overall educational goal for the dermatology component in the Family Medicine Residency will be that the residents gain competence in managing a variety of dermatology situations and that they gain competence in utilizing the consultant process in skin disorders. The specialty of Family Practice is interested in dermatologic care with emphasis on comprehensive and continuing care. Each family physician should be aware of the impact of skin problems upon a patient and the family and be willing and capable of performing a preventive and therapeutic role in these cases. Significant in the preventive role are the environment and occupational effects which may disturb the skin. Interaction with the family of any patient who has skin problems should be stressed in education of the family physician. In addition, family physicians must be taught to be sensitive to the damage that can be done to the skin by in appropriate care. It is expected that the family physician will become proficient in diagnosis and treatment of patients with many kinds of skin diseases. The family physician may find it appropriate to seek consultation from a dermatologist, and actively engage in the co-management of the patient. In some cases, referral to a dermatologist for management is indicated. Educational objectives for this experience will include educational experiences in dermatology, but we do not presume all is covered in this brief PGY 3 experience. Therefore, we are including conferences, online modules, and didactic programs during the 3-year program.

During this rotation residents will become familiar with the following:

- Obtaining adequate information through history and physical examination with assistance as needed from attending physicians.
- Evaluation of patients with skin disorders for appropriate workup.
- Quality care markers and published guidelines for specific disease states such as eczema, acne, psoriasis and skin neoplasms.
- Discussing overall situation, plan of care and prognosis of patients who are being evaluated for skin disorders and lesions
- Handling minor dermatologic procedures.
- Counseling or referring on major dermatologic procedures.
- Discerning the psychological aspects of disease of the skin and appropriately managing these problems.

Rotation Preceptor(s): Weston Waxweiler, MD Nathan Cleaver, DO

Rotation Location(s): Most rotations are set up at Cumming, Dahlonega, Dawsonville and Toccoa.

Clinic Location	Address	Office Hours
Dahlonega	59 Tipton Drive, Dahlonega, GA 30533	8a–5p *every other Thurs.*
Dawsonville	73 Prestige Lane, Ste 101, Dawsonville, GA 30534	8a–5p
Canton	1521 Hickory Flat Hwy, Ste 203, Canton, GA 30115	8a–5p
Cumming	105 Professional Park Dr, Cumming, GA 30040	8a–5p
Johns Creek	6300 Professional Park Hwy, Ste 375, Johns Creek, GA 30097	8a–5p
Toccoa	15 Rock Quarry Rd, Toccoa, GA 30577	8a–5p
Gainesville	1488 Jesse Jewell Pkwy, Ste 202, Gainesville, GA 30501	8a-5p



Sample PGY3 Rotation Schedule

M	T	W	TH	F	Sat	Sun
FM Clinic	Dermatology Clinic	Dermatology Clinic	Dermatology Clinic	FM Clinic		
FM Clinic	Dermatology Clinic	Didactic Half Day	Dermatology Clinic	FM Clinic		

Patient Care:	
PGY level	By the end of the rotation:
3	Perform an adequate history and physical examination of the adult and pediatric patient with a skin disorder (PC-1)
3	Develop a rational plan of care for these patients including diagnostic testing, initiation and alteration of medications, and specialty consultation
3	Maintain adequate, compassionate communication between the patient and medical staff
3	Establish a reasonable and safe cadence of outpatient follow-up of patients (PC-4)
3	Develop skills that allow for up to date, compassionate care of the adult and pediatric patient with a skin disorder while integrating evidence-based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation.
3	Develop skills in the following procedures commonly performed by Family Medicine Physicians <ul style="list-style-type: none"> a. Skin Punch Biopsy b. Excisional Biopsy c. Cryotherapy d. Foreign Body Removal e. Laceration Repair f. I&D Abscess g. Regional Anesthesia h. Wound Debridement

Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Evaluate, diagnose, and manage patients with the following dermatologic conditions including but not limited to: (MK-1, MK-2) <ul style="list-style-type: none"> a. Major and Minor Burns b. Lacerations c. Papulosquamous skin disorders such as psoriasis, pityriasis, miliaria, superficial fungal infection and granuloma annular d. Vesicobullous skin disorders such as impetigo, herpes simplex, herpes zoster and varicella e. Eczema and atopic dermatitis f. Macular eruptions g. Urticarial eruptions h. Bites and stings i. Pyodermas j. Acne vulgaris k. Rosacea l. Pigmented Lesions such as tinea versicolor and vitiligo m. Benign neoplasms such as verruca, molluscum, milia, skin tags(acrochordons), corns and



	<p>calluses and seborrheic keratosis</p> <p>n. Premalignant lesions such as actinic keratosis, keratoacanthoma, melanoma in-situ</p> <p>o. Malignant lesions such as basal cell, squamous cell, malignant melanoma</p> <p>p. Cutaneous manifestations of systemic disease</p> <p>q. Hair problems such as alopecia, telogen effluvium pseudo folliculitis and trichotillomania</p> <p>r. Nail problems such as onychomycosis, ingrown toenails and paronychia</p>
3	Demonstrate an in-depth knowledge of the normal anatomy and physiology of the skin. (MK-1, MK-2)

Interpersonal and Communication Skills:	
PGY level	By the end of the rotation:
3	Develop rapport and builds therapeutic relationships with patients (C-1)
3	Communicate effectively with patients and families. (C-2)
3	Communicate effectively with physician colleagues at all levels (C-3)
3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (C-3)
3	Present information concisely and clearly both verbally and in writing on patients. (C-4)

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1)
3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-3)
3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-4)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-3)

Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation:
3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2)



3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-3);
3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-3)
3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-4)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research

Online Requirements: The American Academy of Dermatology
<https://www.aad.org/member/education/residents/bdc> You will need to create a free Online Account; modules are 30 minutes or less in duration and are meant to be completed during rotation

Two-week rotation: General dermatology

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
The skin exam Basic science of skin Morphology Dermatologic therapies	Benign skin lesions Warts Blisters Molluscum contagiosum	Acne and rosacea Psoriasis Hair loss	Adult fungal infections Drug reactions Urticaria	The red face Dermatoses in pregnancy Viral exanthems
Pediatric fungal infections Infestations and bites				Light rashes Dark rashes pic dermatitis Contact dermatitis Itch

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday
Actinic keratosis and squamous cell carcinoma Basal cell carcinoma	Evaluation of pigmented lesions Melanoma	Bacterial skin infections Stasis dermatitis and leg ulcers	Petechiae purpura and vasculitis	The red leg Red scaly rash Erythroderma HIV dermatology

Procedures/Skills Taught (PC5)

Lesion identification	Biopsy method selection (punch, shave, excision, etc)
Cryotherapy	

Supervision/Evaluation:

Resident will work one-on-one and be supervised by board certified dermatologist or APP. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods

Direct Observation	Procedure evaluation
End of Rotation Evaluation	Procedure Log



EPA's
Provide first-contact access to care for health issues and medical problems (3)
Perform common procedures in the outpatient or inpatient setting (10)
Coordinate care and evaluate specialty consultation as the condition of the patient requires. (20)

Resources:	
AAFP Skin Condition Module	https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=21
Common Hair Loss Disorders	https://www.aafp.org/afp/2003/0701/p93.pdf
Treating Hair Loss	https://www.aafp.org/afp/2009/0815/p356.pdf
Acne	http://www.aafp.org/afp/2017/0601/p740.html
Removal of Unwanted Hair	https://www.aafp.org/afp/2002/1115/p1907.pdf
Shave Punch Biopsy	http://www.aafp.org/afp/2011/1101/p995.html
Intertrigo and Secondary Skin Infections	https://www.aafp.org/afp/2005/0901/p833.pdf
Common Bacterial Skin Infections	https://www.aafp.org/afp/2002/0701/p119.pdf
Contact Dermatitis	https://www.aafp.org/afp/2010/0801/p249.pdf
Lichen Planus	https://www.aafp.org/afp/2011/0701/p53.pdf
Pigmentation Disorders	https://www.aafp.org/afp/2017/1215/797.pdf
Erythema Multiforme	https://www.aafp.org/afp/2006/1201/p1883.pdf
Cutaneous Malignant Melanoma	https://www.aafp.org/afp/2012/0115/p161.html
Basal/ Squamous Cell Carcinomas	https://www.aafp.org/afp/2012/0715/p161.pdf
Mohs Surgery	https://www.aafp.org/afp/2005/0901/p845.pdf
Sunscreen	https://www.aafp.org/afp/2010/1015/p989.pdf
Hyperhidrosis	https://www.aafp.org/afp/2018/0601/p729.pdf
Lyme Disease	https://www.aafp.org/afp/2012/0601/p1086.html
Non-genital HSV	https://www.aafp.org/afp/2010/1101/p1075.html
Herpes Zoster	https://www.aafp.org/afp/2017/1115/p656.html
Pediculosis and Scabies	https://www.aafp.org/afp/2012/0915/p535.html
Cutaneous Cryosurgery	https://www.aafp.org/afp/2012/1215/p1118.html
Molluscum/ Warts	https://www.aafp.org/afp/2003/0315/p1233.pdf
Non-genital Warts	https://www.aafp.org/afp/2011/1201/p1290.pdf
Generalized Rash	https://www.aafp.org/afp/2010/0315/p726.pdf https://www.aafp.org/afp/2010/0315/p735.pdf
Atopic Dermatitis	https://www.aafp.org/afp/2012/0701/p35.pdf
Seborrheic Dermatitis	https://www.aafp.org/afp/2015/0201/p185.pdf
Psoriasis	https://www.aafp.org/afp/2013/0501/p626.pdf
Benign Skin Tumors	https://www.aafp.org/afp/2015/1001/p601.html
Dermatophyte Infection	https://www.aafp.org/afp/2003/0101/p101.html