

## **GOALS AND OBJECTIVES FOR THE DERMATOLOGY RESIDENCY PROGRAM**

The missions/goals of this program are to develop clinical and technical competence as a specialist in the diagnosis and management of diseases of hair, nails and skin. Residents should exhibit professionalism and ethical behavior as well as a concerned, caring attitude for their patients.

### **GOALS AND OBJECTIVES**

- A. *Prepare residents for the independent practice of dermatology*
- Provide graduated resident responsibility through close faculty supervision in the initial stages of the program
  - Give more senior residents expanded responsibilities commensurate with their competence, knowledge and experience
- B. *Learn to evaluate the outcome of management of skin diseases*
- Provide resident with opportunities for significant continuity of care by participating in the long-term follow-up care of patients with chronic disease
- C. *Develop expertise in providing consultative service for hospitalized patients*
- Residents will gain experience through the dermatology inpatient consultation rotations; evaluate patients from other services who have dermatologic manifestations of their disease; and present an organized plan for diagnosis and management to the attending staff.
- D. *Develop clinical skills and technical expertise in the use of cryosurgery, ultraviolet light therapy, patch testing, and cutaneous surgical procedures to treat benign and malignant conditions of the skin.*
- Provide graduated responsibility in the application of these modalities with staff supervision
  - Provide basic science information via assigned reading, lecture and demonstrations
- E. *Provide a structured educational program that encompasses all aspects of Dermatology*
- Organize the program on the basis of a defined outline
  - Involve all of the faculty
  - Assign supportive reading from textbooks and journals
  - Kodachrome slide sessions - correlated with dermatopathology teaching sessions and textbook reviews when ever possible
  - Journal Club Sessions – review prominent dermatologic journals to include basic science and all subspecialty areas of Dermatology

- Require resident participation in basic science presentations (supplemented by staff and guest lectures) and assigned textbook and journal reading

F. *Promote scholarly activities by residents and faculty*

- Basic and clinical science papers and lectures by residents and faculty
- Resident scientific submissions
  - For publication
  - Annual basic science presentation
  - Papers and posters to be submitted to, for example, the American Academy of Dermatology, State Dermatological Society, Society of Investigative Dermatology
- Clinical research opportunities
- Frequent interchange among faculty and residents regarding diagnosis, disease processes, and management of dermatologic disease (e.g., during weekly grand rounds).

G. *Promote skills in Office Management and Information Systems*

- On-site experience with local staff
- Attend appropriate seminars, lectures, etc.
- Literature searches via computers
- Retrieve and evaluate data from Dermatologic data bases

## **CLINICAL ROTATION EXPECTATIONS AND GOALS FOR DERMATOLOGY RESIDENTS**

### **PGY 2**

PGY 2 residents should have direct one-on-one supervision available at all times. PGY 3 and PGY 4 residents will gain increasing independence for diagnosis, management and decision-making according to their knowledge level, technical skills, and expertise in the specific area. Throughout training demonstrate a kind, caring, concerned and responsible attitude and approach to patients.

- Master basic dermatologic terminology
- Master basic techniques for examination of the skin (to include microscopic exam of skin scrapings, stains, etc.)
- Become skilled in taking pertinent history, organizing data and presenting material to staff
- Complete appropriate physical examination (focused or general) and identify primary and secondary lesions
- Become competent with the electronic dermatology record
- Learn differential diagnosis for common, (morphological) primary skin disease groups: i.e., macular, papular, vesicular, pustular, papulo-squamous diseases, etc.
- Learn the indications for patch testing, ultraviolet light therapy, cryosurgery, electrosurgery and referrals for Moh's surgery
- Learn basic clinical photography techniques
- Understand the basic pathophysiology and management of the most common skin diseases.
- Develop an understanding of basic principles of topical therapy to include a general knowledge of costs for dermatologic medications

### **PGY 3 and PGY 4**

- Become skillful in presenting precise word descriptions of dermatological findings to colleagues
- Be proficient and teach basic techniques for examination of the skin to junior residents and students
- Concise history, physical findings and management plan organized and presented to staff for both simple and complex diseases
- Develop independence in the topical and systemic management of complex disease.
- Develop a clinical – histopathologic correlation of skin diseases; such that you can generally anticipate the findings present in the biopsy specimen
- Be familiar with the appropriate laboratory examinations for evaluating patient with cutaneous disease and for monitoring systemic therapy.

- By end of PGY 4 year, demonstrate evidence of extensive reading and knowledge of most areas of clinical dermatology
- Acquire a basic knowledge of the business management of a dermatologic practice.
- Be proficient at presentation to various lay and professional groups
- Participate in clinical research studies and present paper/poster to local and national meetings.

## DERMATOLOGY RESIDENT GOALS AND OBJECTIVES VA MEDICAL CENTER

### A. *Management of Common Medical Conditions*

- Residents will utilize this special population of patients to refine diagnostic and therapeutic skills on various common dermatoses.
- The residents will gain particular expertise in the following skin conditions:
  - psoriasis
  - rosacea
  - dermatophyte infections
  - benign neoplasms
  - seborrheic dermatitis
  - acne vulgaris
  - atopic dermatitis
  - stasis dermatitis and ulcers

### B. *Inpatient Consultation Service*

- The majority of inpatient consults will be seen during the regular clinic hours as the potential for patient transportation allows.
- Selectively a smaller number of patients are examined on the wards; some of the more common diagnoses for inpatient consultations include:
  - morbilliform drug eruption
  - vasculitis
  - erythroderma (various etiologies)
  - Stevens-Johnson syndrome, TEN
  - bullous dermatoses (pemphigus, pemphigoid)
  - psoriasis (more severe cases)

### C. *Dermatoses Due to Actinic Damage*

- A major portion of the outpatient clinical experience includes various complications of excessive ultraviolet radiation exposure.
- The primary actinically-induced dermatoses include the following:
  - actinic keratoses
  - basal cell carcinoma
  - solar elastosis
  - squamous cell carcinoma
- Although it is anticipated that a relatively small number of melanomas will be diagnosed each year (generally at an early, thin stage), nevertheless the resident is expected to develop complete expertise of all phases of melanoma management.
- The resident will develop expertise in the triage of relatively low-risk patients (for referral back to primary physicians) and higher-risk-non-melanoma skin cancer patients (which will be followed long-term by Dermatology).

### D. *Dermatologic Surgery*

- Minor surgical procedures – the resident will refine pre-existing skills in procedures such as biopsies (punch, shave, saucerization, snip techniques), cryotherapy (including selectively for basal cell carcinoma), electrodesiccation and curettage, and the use of larger punches for rapid excisional biopsies.
- Major surgical procedures – this rotation will provide experience for residents to perform multiple definitive excisions of non-melanoma skin cancers.

- Other surgical options will selectively include the following:
  - cyst excisions
  - lipoma excisions
  - larger excisions for melanoma
- In all surgical procedures careful attention will be given to the following issues:
  - hemostasis
  - suturing technique
  - atraumatic use of instruments
  - aseptic technique
  - local surgical anatomy
  - use of local anesthetics

#### *E Dermatopathology Training*

- The resident will be primarily responsible (with faculty supervision) for reviewing each biopsy performed by the Dermatology service with the appropriate staff.
- Through a relatively high volume of biopsies reviewed, the resident will have a substantial opportunity to maximize clinical-pathologic correlation for patients seen in both outpatient and inpatient settings.

#### *F Practice Management Issues*

- Improved efficiency in outpatient setting will be a natural byproduct of the high volume of patients seen; excellent patient care and utilization of teaching opportunities will not be sacrificed just for efficiency, however.
- A gradual progression of autonomy will be individualized to the clinical experience, knowledge base, and confidence level of the various residents.
- The ability to triage the high volume of outpatient consults into more urgent and less urgent priorities will be a goal.
- Other administrative tasks include close surveillance of the surgical scheduling process and follow-up of non-melanoma skin cancer patients along with appropriate measures to ensure continuity in these higher-risk patients.
- The resident will gain experience in working within the realities of a closed formulary system, given that the VA Medical System is the largest "managed care" organization now utilizing a national formulary.