Skin Rejuvenation: An undergraduate Dermatology curriculum for multiple sites.

DTEG APD Chicago

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I have no financial conflicts

Challenge: Design a curriculum that:

1—Can be multisite

- 6 clinical sites
- 3 timezones
- >25% of the land mass of the US

2—Uses identical curr

3—Does not require a



Educational strategy

Flipped Classroom model

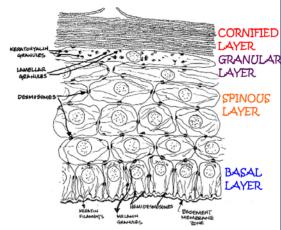
Out of class preparation:

Written syllabus chapters

Vodcasts summaries

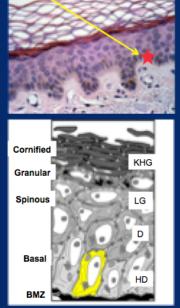
keratinocytes undergo to eventually produce the stratum corneum or cornified layer involved in the barrier function of the skin.

Discussion of the epidermis is based on epidermal histology. Four distinctive stages of differentiation give rise to keratinocytes with different structural features. The stages are represented by the basal, spinous, granular, and cornified cells. These cells form corresponding layers, or strata, with the same names (basal layer, etc) though sometimes the older, latin terms (stratum basale, etc) are still used. Keratinocytes



attached to the dermis at the dermal-epidermal junction are basal keratinocytes. Most the basal keratinocytes differentiate to form the spinous or suprabasal keratinocytes. A complex differentiation process takes place in the spinous and granular layer to ultimately form the anucleated cornified cells of the cornified layer (stratum corneum which detach or desquamate at the skin surface. This morphological and biochemical differentiation process is known as cornification or keratinization.

Keratinocyte





Keratins
Desmosomes



In class activities:

9/12 sessions are Case Based TBL

3/12 small group sessions

Powerpoint with a Facilitator's guide

Designed for TBL, so most sessions are scalable from 5-100 students.

Case #1

18 year old male with skin changes since birth. Was born with a "colloid" membrane of thick skin over his body.

What do you see?

Large plates of skin separated by apparent cracks like a dry riverbed or fish scales

What is likely happening in the skin to give this appearance?

The skin is becoming thicker due to overproduction and/or not shedding correctly

Slide 4 {Histology of Case #1}

What part of the epidermis is not normal?

The spinous layer is thicker (acanthosis) and the stratum corneum is thickened and more compact (hyperkeratosis). Note the loss of the normal "basket weave" pattern to the stratum corneum that is seen in the normal epidermis above

Note, acantha is Greek for spine, so acanthosis literally means too much spiny layer.

{Click to show the water filling analogy.}

What is happening to cause acanthosis and hyperkeratosis?

The epidermis can become thicker due to too much production (filling the bucket) or too little shedding (emptying the bucket). In this diagnosis, there is both too much production as well as too little shedding, so the skin becomes thickened and cracks into plates of scale.

Slide 3

Design Day 1 Histology— Structure & Function didactics & lab **Epidermis** Ichthyoses, Psoriasis, Eczema Case study Pemphigus, pemphigoid, staph scalded Case study **BMZ** skin, epidermolysis bullosa, Acne, hidradenitis, alopecia, Case study **Appendages** Hyperhidrosis, pitted keratolysis Day 2 Requires Small group Full Skin Exam & Morphology **Dermatologist** Small group Clinicopathologic correlation Topical Medications, Small group vehicles, side effects **RWJF** Case study Itchy skin Tinea, Scabies, DDx module Day 3 Genetic hypopigmentation, dermal Pigmentation Case study melanocytosis, vitiligo Photobiology Case study Photodamage, Sunburn, XP, Vit D Case study Skin Cancer BCC, SCC, Melanoma **RWJF** Large group? **Tumor Immunology** melanoma module

^{*}Immunology and Microbiology of the skin are not included as the course is integrated with these topics

New Curriculum:

- Requires an "expert" dermatologist for only 1 hour this year.
- Is modular and portable and contains all the materials needed to be given at any site.
- Will serve as a scaffold for future refinement and possibly broader use.

Thank You

Questions?



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