



Recommended Curriculum Guidelines for Family Medicine Residents

Conditions of the Skin

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD) and the Society of Teachers of Family Medicine (STFM), and was developed in cooperation with the Sutter Health Family Medicine Residency Program.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <http://www.acgme.org>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at <http://www.aafp.org/cg>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Family physicians are on the front line of managing dermatologic conditions. Pattern recognition is extremely important with skin complaints. A thorough history must be taken with attention to environmental, infectious and occupational factors that may irritate the skin. The adage “a picture is worth a thousand words” remains key to dermatologic care. Family physicians must develop keen observational skills and use appropriate terminology to characterize different skin lesions.

The attitude of the physician in taking all complaints seriously and doing a methodical work up will go a long way to combat patient anxiety. A family physician must have knowledge of different diagnoses associated with different lesion types and must know where to access appropriate information in a timely manner using textbook or online resources. Family physicians are experts at treating the whole patient and are well suited to detecting systemic disease that may have dermatologic manifestations. Early diagnostic biopsy and definitive surgical or medical treatment are often well within the scope of a family physician’s skills. Family physicians must be proficient on a systems level in providing timely, cost-effective and cosmetically excellent skin surgery. Patients should be given realistic expectations on wound healing and warned in advance of possible untoward outcomes.

Timely referral to a dermatologist is key in challenging, potentially life-threatening cases or cases that require treatment modalities exclusive to a dermatologist. Lastly, family physicians have the wonderful opportunity to promote behaviors that can prevent skin cancers and other skin diseases to ensure the future health of the skin— our body’s largest organ.

This Curriculum Guideline provides an outline of the attitudes, knowledge and skills that should be among the objectives of training programs in family medicine and which will lead to optimal care of dermatologic conditions by future family physicians.

Competencies

At the completion of residency training, a family medicine resident should:

- Provide compassionate and culturally appropriate patient care that recognizes the effect of skin problems on the patient and emphasizes the importance of comprehensive preventative care. (Patient Care)
- Be proficient in the diagnosis and treatment of common dermatologic diseases and be adept at performing common dermatologic procedures. (Medical Knowledge)
- Utilize diagnostic and evidence-based treatment guidelines as well as maintain up-to-date knowledge of appropriate usage of evolving dermatologic treatment technology. (Practice-based Learning, Improvement)
- Demonstrate the ability to communicate effectively with the patient so that dermatologic diagnosis and treatment is provided in a non-judgmental, caring manner. (Interpersonal Communications, Professionalism)

- Incorporate knowledge of the dermatology specialty in order to determine which problems can be managed by a family physician and to understand how to coordinate needed referrals to specialty providers. (Systems-based Practice)

Attitudes

The resident should demonstrate attitudes that encompass:

- A willingness to manage the majority of dermatologic conditions.
- A positive approach to psychosocial issues in patients who have skin disorders.
- The consideration of counseling of patients who have dermatologic conditions as a priority.
- A willingness to learn and perform common dermatologic procedures.
- A constructive collaboration with dermatologists when appropriate.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Classification and description of skin disorders
2. Diagnosis and management of common dermatologic disorders
3. Prevention of skin diseases
4. Management of skin injuries
5. Skin manifestations of systemic diseases
6. Prevention, recognition and management of skin cancers
7. Dermatologic medications
 - a. Systemic
 - b. Topical

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. History and physical examination appropriate for dermatologic conditions
2. Preventive skin examination
3. Biopsy of skin lesions

- a. Punch biopsy
 - b. Shave biopsy
 - c. Excisional biopsy
4. Scraping and microscopic examination
 5. Injection
 - a. Local anesthesia
 - b. Steroids
 6. Incision and drainage
 7. Destruction of lesions
 - a. Cryosurgery
 - b. Electrodesiccation
 - c. Curettage
 8. Counseling for dermatologic disorders

Implementation

Implementation of this curriculum should include structured experience (both focused and longitudinal) throughout the residency program. Physicians who have demonstrated skill in caring for skin conditions should act as teachers and role models in regards to advising residents in the management of their own patients. Attendings should demonstrate proper technique but allow residents to actively participate in procedures in order to achieve competency.

Resources

Habif TP. *Clinical Dermatology: A Color Guide to Diagnosis and Therapy*. 4th ed. Edinburgh, N.Y.: Mosby, 2004.

Cohen BA. *Pediatric Dermatology*. 3rd ed. London, U.K.: Elsevier Mosby, 2005.

Du Vivier A. *Atlas of Clinical Dermatology*. 3rd ed. Edinburgh, N.Y.: Churchill Livingstone, 2002.

Wolff K, Goldsmith LA, Katz SI, Gilchrest BA, Paller A, Leffell DJ. *Fitzpatrick's Dermatology in General Medicine*. 7th ed. New York, N.Y.: McGraw-Hill Professional, 2008.

Connelly C, Bikowski J. *Dermatological Atlas of Black Skin*. Coral Springs, Fla.: Merit Publishing International, 1998.

Web Sites

Clinical Dermatology
<http://www.clinderm.com> – requires subscription.

American Osteopathic College of Dermatology
<http://www.aocd.org>

UpToDate, Inc.
<http://www.uptodate.com>

eMedicine
<http://www.emedicine.com/>

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