

Family Medicine Residency
Dermatology Rotation
Scott Sadler, MD (updated June 2021)

Rotation Goal

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 including conferences and didactic programs during the 3 year program.

Attending Physicians are the University of Tennessee Faculty with Dr. Dafnis Carranza as the evaluating physician in charge of the resident rotation. Each resident will be evaluated on the 6 Core Competencies at the end of their rotation.

Each resident will spend two to three days a week in the Dermatology office with Dr. Dafnis Carranza.

Each resident on this rotation will be scheduled for 4 half days of continuity clinic.

Minimum contact hours (80)

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.

- prescribing, utilizing, and evaluating rehabilitative measures.

Supervision

Supervision is provided through direct observation by attending faculty physicians.

Rotation Objectives

By the end of the Dermatology rotation, PGY III residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Perform an adequate history and physical examination of the adult and pediatric patient with a skin disorder.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Develop a rational plan of care for these patients including diagnostic testing, initiation and alteration of medications, and specialty consultation	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Maintain adequate, compassionate communication between the patient and medical staff	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Establish a reasonable and safe method of outpatient follow-up of patients	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Develop skills in the following procedures commonly performed in the emergency room <ul style="list-style-type: none"> • Skin Punch Biopsy • Skin Lesion removal • Foreign Body Removal • Laceration Repair • I&D Abscess 	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually

	<ul style="list-style-type: none"> • Regional Anesthesia • Procedural Sedation • Wound Debridement 			
	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.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	<p>Evaluate, diagnose, and manage patients with the following dermatologic conditions including but not limited to:</p> <ul style="list-style-type: none"> • Major and Minor Burns • Lacerations • Papulosquamous skin disorders such as psoriasis, pityriasis, miliaria, superficial fungal infection and granuloma annulare • Vesicobullous skin disorders such as impetigo, herpes simplex, herpes zoster and varicella • Eczema and atopic dermatitis • Macular eruptions • Urticarial eruptions • Bites and stings • Pyodermas • Acne vulgaris • Rosacea • Pigmented Lesions such as tinea versicolor and vitiligo • Benign neoplasms such as verruca, molluscum, milia , skin tags(acrochordons), corns and calluses and seborrheic keratosis • Premalignant lesions such as actinic keratosis, keratocanthoma, melanoma in-situ • Malignant lesions such as basal cell, squamous cell, malignant melanoma • Cutaneous manifestations of systemic disease • Hair problems such as alopecia, telogen effluvium, 	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually

	<p>pseudofolliculitis and trichotillomania</p> <ul style="list-style-type: none"> • Nail problems such as onychomycosis, ingrown toenails and paronychia 			
	Demonstrate an in-depth knowledge of the normal anatomy and physiology of the skin.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Develop tools to help meet the needs of patients	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Incorporate evidence based medicine and resources into the care of dermatologic patients..	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Review current literature relevant to the care of individual patients and the community.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Communicate effectively with patients and their families while in the presence of their daily preceptor.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Convey information in a clear and concise manner to patients, families, and other health professionals (i.e., use appropriate vocabulary choice, realistic outcomes, and working with difficult patients and family)	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			

	Provide compassionate care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Provide high quality medical care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Behave in a professional manner when interacting with patients or other health care providers.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	See General Family Medicine Objectives for a comprehensive list.			
	Identify when an individual patient needs more specialized resources to meet their needs; demonstrate knowledge if these resources are available and where to find them; and utilize information technology to help find additional resources for patients.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually
	Demonstrate understanding of the role of various ancillary modalities of patient care that are available including wound care, nutritional education and home health	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation Procedure Certification Faculty Evaluation	Daily Monthly Quarterly Annually

Educational Resources

www.uptodate.com (available free through www.utdol.com in Jackson General Hospital based computers)

www.epocrates.com

www.emedicine.com

Procedures for Primary Care Physicians, John Pfenniger and Grant Fowler (copy available in UT preceptor area and resident lounge)

Clinical Dermatology: A Color Guide to Diagnosis and Therapy by Thomas P. Habif 4th edition (available in UT preceptor area)

Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology by Klaus Wolff and Richard Allen Johnson 5th edition (available in UT preceptor area)

Rotation Location:

Dafnis Carranza, MD
701 Medical Park Dr
Humboldt, TN 38343
(731)784-4300

96 Physicians Dr
Jackson, TN 38305

Call beforehand to determine which office to go to (check handout from Jennifer White).