AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Conditions of the Skin

This document is endorsed by the American Academy of Family Physicians (AAFP).

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program.

Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at 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.

Preamble

Family physicians are on the front line of managing skin conditions, which account for more than 5% of all office visits, according to the Centers for Disease Control and Prevention's (CDC's) 2018 National Ambulatory Medical Care Survey (NAMCS).

Family physicians must develop keen observational skills to recognize patterns, use accurate terminology to characterize lesions, have knowledge of differential diagnoses, and know how to access reliable resources for skin findings. They can help prevent cancers and detect early lesion formation. They are experts at holistic care, so they can detect systemic diseases with dermatologic manifestations and manage these chronic conditions in continuity. The family physician scope includes diagnostic biopsy and definitive surgical and medical treatment. They must also be proficient at systems-level,

timely, and cost-effective care and provide counseling to patients on wound healing, possible further treatment or complications, and timely referrals to dermatology for challenging, specialized treatment.

Patient Care

At the completion of residency, a family medicine resident should be able to:

- Provide compassionate and culturally appropriate patient care that recognizes the effect of skin problems on the patient and emphasizes the importance of comprehensive preventive and chronic disease care
- Utilize electronic health record (EHR) and telehealth, as well as virtual and artificial intelligence (AI) consultants to diagnose and document changing skin conditions, recognizing the benefits and limitations of patient- and physician-taken patient images

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

- History and physical examination appropriate for skin conditions, including accurate, descriptive terminology
- Skin cancer screening examination

In the appropriate setting, the resident should demonstrate the ability to independently perform common dermatologic procedures adeptly, including:

1. Biopsy of skin lesions
    a. Punch biopsy
    b. Shave biopsy
    c. Excisional biopsy
    d. Saucerization biopsy

2. Scraping and microscopic examination via a potassium hydroxide (KOH) test

3. Use of dermoscopy to complement physical examination

4. Injection
    a. Local anesthesia
    b. Steroids

5. Incision and drainage

6. Destruction of lesions
    a. Cryosurgery
    b. Electrodesiccation
    c. Curettage
    d. Techniques for wound care and hemostasis after excisions

7. Choice of suturing materials and skin surgery instruments

8. Skin-closure techniques, including non-suturing techniques (e.g., benzoin tincture and Steri-Strips, skin glues); simple interrupted; simple continuous; vertical and horizontal mattress; layered closures; and subcuticular suturing

9. Principles and practice of wound care, including use of occlusive and pressure dressings

10. Nail avulsion

Systems-Based Practice

At the completion of residency, a family medicine resident should be able to:

- Incorporate knowledge of the dermatology specialty to determine which problems can be managed by a family physician and how to coordinate needed referrals to specialty clinicians
- Utilize EHR systems to identify patients who are at high risk for developing skin cancer

Practice-Based Learning and Improvement

At the completion of residency, a family medicine resident should be able to:

- Utilize diagnostic and evidence-based treatment guidelines
- Maintain up-to-date knowledge and use of evolving dermatologic treatment technology

Medical Knowledge

In the appropriate setting, a family medicine resident should demonstrate the ability to apply knowledge of the following:

1. Classification and terminology of skin disorders
   a. Description of primary and secondary lesions
   b. Differential diagnosis based on lesion type (e.g., papular, vesicular)

2. Diagnosis of common dermatologic disorders based on history and clinical exam

3. Management of common skin disorders
   a. Actinic keratosis
   b. Bacterial skin infections
   c. Benign skin lesions/neoplasms (e.g., cysts, lipomas, skin tags, seborrheic keratosis, dermatofibroma)
   d. Bites and stings (e.g., mammals, spiders, reptiles, ticks, insects)
   e. Bullous/vesicular diseases (e.g., bullous pemphigoid, pemphigus vulgaris, dermatitis herpetiformis)

f. Disorders of sebaceous, eccrine, and apocrine glands (e.g., acne, rosacea, hidradenitis suppurativa, keratosis pilaris)
g. Infestations (e.g., lice, scabies, schistosome/cercarial dermatitis, myiasis)
h. Contact dermatitis (e.g., allergic, irritant)
i. Atopic dermatitis, lichen simplex chronicus
j. Fungal and yeast skin infections
k. Genital conditions (e.g., lichen sclerosus et atrophicus, angiokeratoma)
l. Hair disorders, including multiple types of alopecia
m. Inflammatory skin conditions (e.g., pityriasis rosea, lichen planus, granuloma annulare)
n. Keloids/scars
o. Nail disorders
p. Nevi
q. Pigmentary disorders (e.g., hyperpigmentation, hypopigmentation)
r. Psoriasis
s. Skin ulcers and staging of pressure sores
t. Dermatologic manifestations of sexually transmitted infections (STIs)
u. Dermatologic manifestations of systemic disease
v. Seborrheic dermatitis
w. Urticaria and drug eruptions
x. Vascular skin lesions
y. Vasculitic skin lesions
z. Viral infections and exanthems, including warts and herpes zoster

4. Prevention of skin diseases and photoprotection

5. Prevention, recognition, and management of common skin cancers, including basal cell carcinoma, squamous cell carcinoma, Kaposi sarcoma, and melanoma

6. Pharmacology of skin medications

7. Genetic manifestations of dermatological disorders including tuberous sclerosis, neurofibromatosis, and other common genetically associated skin disorders

Interpersonal and Communication Skills

At the completion of residency, a family medicine resident should be able to:

- Communicate effectively with the patient so that dermatologic diagnosis and treatment is provided in a non-judgmental, caring manner
- Counsel and provide anticipatory guidance for dermatologic disorders
- Counsel and perform informed consent for skin procedures

Professionalism

The resident should develop attitudes and behaviors that encompass:

- Confidence in managing the majority of skin conditions

- Positive approach to psychosocial needs of patients who have skin disorders
- Willingness to counsel patients who have skin conditions
- Desire to learn and perform common dermatologic procedures
- Constructive relationship with dermatologists, when appropriate, including proper Mohs surgical referrals

Implementation

Implementing this curriculum should include longitudinal and focused structured experience in workshops and skin procedure clinics throughout the residency program.

Physicians who have demonstrated skill in caring for skin conditions should act as teachers and role models by advising residents in the management of their own patients. Attending physicians should demonstrate proper technique and allow residents to actively recommend and perform dermatologic procedures to achieve competence.

Resources

Cohen BA. *Pediatric Dermatology*. 4th ed. Elsevier Mosby; 2011.

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Dinulos JGH. *Habif's Clinical Dermatology: A Color Guide to Diagnosis and Therapy*. 7th ed.Elsevier; 2020.

Du Vivier A. *Atlas of Clinical Dermatology*. 4th ed. Saunders; 2012.

Goldsmith LA, Katz SI, Gilchrest BA, et al. *Fitzpatrick's Dermatology in General Medicine*. 8th ed. McGraw-Hill Education; 2012.

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Usatine R, Pfenninger J, Stulberg D, et al. *Dermatologic and Cosmetic Procedures in Office Practice: Expert Consult*. 1st ed. Saunders; 2011.

Wolff K, Johnson RA, Saavedra AP, et al. *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology*. 8th ed. McGraw-Hill Education; 2017.

Website Resources

American Academy of Dermatology (AADA). www.aad.org/

American Osteopathic College of Dermatology (AOCD). www.aocd.org/

Primary Care Dermatology Society (PCDS). www.pcds.org.uk/

Developed 12/1986 by Sutter Health Family Medicine Residency Program, Sacramento, CA
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