



<b>Body System:</b> <i>Integumentary</i>		
<b>Session Topic:</b> <i>Soft Tissue Surgery - Fundamentals</i>		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
Clinical Procedural Workshop (CPW)		Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience teaching hands-on procedural workshops. The majority of the education must emphasize hands-on learning, with feedback from faculty.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Data from a recent AAFP Common Medical Procedures Needs Assessment indicate that family physicians have a need for advanced soft tissue surgical procedures.</li> <li>Data from a recent AAFP CME Needs Assessment survey indicates that family physicians have a statistically significant and meaningful gap in the knowledge and skill to effectively and efficiently to perform aesthetic procedures/techniques, manage nail disorders, and provide optimal postoperative care for surgical procedures.</li> <li>Physicians often perform shave biopsies at insufficient depth; there is an increased risk of misdiagnosis of pigmented lesions; suture reaction may be mistaken for infection.</li> </ul>	<ol style="list-style-type: none"> <li>Choose preferred methods for wound evaluation, preparation, irrigation and repair.</li> <li>Practice different suturing techniques using a variety of suture types.</li> <li>Classify wounds to determine severity and whether muscle, tendons, nerves, blood vessels or bone are involved.</li> <li>Evaluate the necessary mechanism for wound repair and anesthetic needs, if appropriate.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement newly acquired soft tissue procedural skills.



<ul style="list-style-type: none"> <li>• Exposure to dermatologic procedures training during residency can vary tremendously.</li> <li>• Patient preferences, costs of procedures and products, and physician attitudes toward training are often barriers to performing optimal dermatologic procedures.</li> </ul>		
<b>ACGME Core Competencies Addressed</b> (select all that apply)		
X	Medical Knowledge	Patient Care
	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
<b>Faculty Instructional Goals</b>		
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> <li>• Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy &amp; reference citations</li> <li>• Facilitate learner engagement during the session</li> <li>• Address related practice barriers to foster optimal patient management</li> <li>• Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start             <ul style="list-style-type: none"> <li>○ Visit <a href="http://www.aafp.org/journals">http://www.aafp.org/journals</a> for additional resources</li> <li>○ Visit <a href="http://familydoctor.org">http://familydoctor.org</a> for patient education and resources</li> </ul> </li> <li>• Provide an overview of available products and procedures to help physician learners choose preferred methods for wound evaluation, preparation, irrigation and repair.</li> <li>• Provide an opportunity for physician learners to practice different suturing techniques using a variety of suture types.</li> <li>• Provide strategies and resources to help physician learners classify wounds to determine severity and whether muscle, tendons, nerves, blood vessels or bone are involved.</li> <li>• Provide recommendations and strategies to help physician learners evaluate the necessary mechanism for wound repair and anesthetic needs, if appropriate.</li> </ul>		

**Needs Assessment**



As family physicians treat patients of all ages – from young children to the elderly – it is important to equip them with the tools to identify, diagnose and develop treatment plans for the diverse populations they see in practice. Skin problems and diseases have become a growing reason for which patients seek treatment (35 million patient visits to family physicians were for skin-related problems in 2009<sup>1</sup>) and as such, family physicians should be well equipped to handle some of the most common conditions, which may include everything from acne and eczema to skin cancer and aging. Membership data from recent surveys conducted by the American Academy of Family Physicians (AAFP) indicates that over 73% of family physicians provide skin procedures (e.g. biopsies), and an additional 8.6% perform cosmetic procedures in their clinical practice.<sup>2</sup> When asked what procedures members would most like to provide, botulinum injections was the most frequently mentioned; however, lack of training was a strong factor for not offering the procedure.<sup>3</sup>

The 2012 AAFP CME Needs Assessment Survey indicates that family physicians in general have statistically significant and meaningful gaps in medical knowledge and skill to perform aesthetic procedures/techniques, manage nail disorders, and provide optimal postoperative care for surgical procedures.<sup>4</sup> Additionally, CME outcomes data for the clinical procedural workshops (CPD) for integumentary procedures from the 2012-2016 AAFP FMX (formerly Assembly) show that over 50% of learners engaging in those sessions indicated a need to pursue additional education, with several learners commenting that they had an interest in adding aesthetic skin procedures to their practice.<sup>5-9</sup>

Over the course of the past decade, the demand for aesthetic skin procedures has increased nearly five-fold, and family physicians have greater opportunities to perform minimally invasive procedures as requested by patients. In fact, minimally invasive procedures have become the principal modality for addressing age-related facial changes in patients. They are, according to one source, associated with high patient satisfaction due to the minimal recovery time, few side effects and relatively good outcomes.<sup>10</sup> This will continue to have significant implications on family physicians' practices as the population continues to age dramatically; in 20 years, the proportion of the U.S. population over the age of 65 is expected to double to more than 71 million older adults, or one in every five Americans, leading to a 25% increase in health care spending.<sup>11</sup> While family physicians may not provide extensive in-office procedures for aesthetic purposes, they should still be prepared to address patient questions and concerns, resources on appropriate options and requests for referrals when necessary.

The AAFP Recommended Curriculum Guidelines for Family Medicine Residents indicates that family medicine residents should have the following competencies, and be able to perform the following skills related to conditions of the skin:<sup>12</sup>

- Provide compassionate and culturally appropriate patient care that recognizes the
- effect of skin problems on the patient and emphasizes the importance of comprehensive preventive care (Patient Care)
- Diagnose and treat common skin diseases proficiently and adeptly perform common dermatologic procedures (Medical Knowledge)
- Utilize diagnostic and evidence-based treatment guidelines, as well as maintain up-to-date knowledge and usage of evolving dermatologic treatment technology (Practice-based Learning and Improvement)



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- Communicate effectively with the patient so that dermatologic diagnosis and treatment is provided in a nonjudgmental, caring manner (Interpersonal and Communication Skills, Professionalism)
- Incorporate knowledge of the dermatology specialty in order to determine which problems can be managed by a family physician and how to coordinate needed referrals to specialty providers (Systems-based Practice)
- History and physical examination appropriate for dermatologic conditions
- Preventive skin examination
- Biopsy of skin lesions
  - Punch biopsy
  - Shave biopsy
  - Excisional biopsy
- Scraping and microscopic examination
- Injection
  - Local anesthesia
  - Steroids
- Incision and drainage
- Destruction of lesions
  - Cryosurgery
  - Electrodesiccation
  - Curettage
- Choice of suturing materials and skin surgery instruments
- Skin closure techniques including: non-suturing techniques (e.g., benzoin and SteriStrips, skin glues); simple interrupted; simple continuous; vertical and horizontal mattress; layered closures; and subcuticular suturing
- Principles and practice of wound care, including use of occlusive dressings
- Counseling for dermatologic disorders

Soft tissue surgery (basic and advanced techniques), which may include wound care, excision of tissue, skin laceration repairs (often associated with acute trauma) or scar revision post tissue biopsy or other injury.<sup>13-15</sup> A review of the literature suggests the following knowledge and practice gaps with regard to physicians performing common soft tissue procedures:

- Physicians often perform shave biopsies at insufficient depth; there is an increased risk of misdiagnosis of pigmented lesions; suture reaction may be mistaken for infection.<sup>16</sup>
- Exposure to dermatologic procedures training during residency can vary tremendously.<sup>17</sup>
- Patient preferences, costs of procedures and products, and physician attitudes toward training are often barriers to performing optimal dermatologic procedures.<sup>18</sup>

This suggests that family physicians require continuing medical education, in order to provide optimal care and management of integumentary procedures for their patients.

## References



1. Centers for Disease Control and Prevention (CDC). National Ambulatory Medical Care Survey (NAMCS). 2009; [http://www.cdc.gov/nchs/ahcd/web\\_tables.htm#2009](http://www.cdc.gov/nchs/ahcd/web_tables.htm#2009). Accessed August, 2013.
2. American Academy of Family Physicians (AAFP). AAFP Member Census Results. Leawood KS: AAFP; 2012.
3. AAFP. 2010 Practice Profile I. American Academy of Family Physicians; 2011:31.
4. AAFP. 2012 CME Needs Assessment: Clinical Topics. American Academy of Family Physicians; 2012.
5. American Academy of Family Physicians (AAFP). AAFP FMX CME Outcomes Report. Leawood KS: AAFP; 2016.
6. American Academy of Family Physicians (AAFP). 2013 AAFP Scientific Assembly: CME Outcomes Report. Leawood KS: AAFP; 2013.
7. American Academy of Family Physicians (AAFP). AAFP Assembly CME Outcomes Report. Leawood KS: AAFP; 2014.
8. American Academy of Family Physicians (AAFP). AAFP FMX CME Outcomes Report. Leawood KS: AAFP; 2015.
9. American Academy of Family Physicians (AAFP). 2012 AAFP Scientific Assembly: CME Outcomes Report. Leawood KS: AAFP; 2012.
10. Small R. Aesthetic procedures in office practice. *American family physician*. 2009;80(11):1231-1237.
11. Centers for Disease Control and Prevention. The State of Aging and Health in America, 2007. 2007; [http://www.cdc.gov/aging/pdf/saha\\_2007.pdf](http://www.cdc.gov/aging/pdf/saha_2007.pdf). Accessed August, 2013.
12. American Academy of Family Physicians (AAFP). Recommended Curriculum Guidelines for Family Medicine Residents. 2013; <http://www.aafp.org/medical-school-residency/program-directors/curriculum.html>. Accessed August, 2013.
13. Forsch RT. Essentials of skin laceration repair. *American family physician*. 2008;78(8):945-951.
14. Breen JO. Skin and soft tissue infections in immunocompetent patients. *American family physician*. 2010;81(7):893-899.
15. Headley AJ. Necrotizing soft tissue infections: a primary care review. *American family physician*. 2003;68(2):323-328.
16. Yang S, Kampp J. Common Dermatologic Procedures. *The Medical clinics of North America*. 2015;99(6):1305-1321.
17. Clarkson B, Telner D. Comprehensive dermatologic procedures pad: innovation in hands-on resident procedural learning. *Canadian family physician Medecin de famille canadien*. 2013;59(7):756-757.
18. Bauer B, Williams E, Stratman EJ. Cosmetic dermatologic surgical training in US dermatology residency programs: identifying and overcoming barriers. *JAMA dermatology*. 2014;150(2):125-129.