



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

AAFP Reprint No. 271

Recommended Curriculum Guidelines for Family Medicine Residents

Conditions of the Skin

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

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, 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), 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 website. 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.

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 skin conditions. According to the 2010 National Ambulatory Medical Care Survey, disorders of the skin accounted for more than 11.5 million visits, resulting in more than 50 million billed diagnoses. Skin conditions are the 18th most common reason for presenting at a primary care physician's office. Relatively innocuous skin conditions create a major concern to patients due to their visibility.

Pattern recognition is extremely important with skin complaints. Family physicians must develop keen observational skills and consistently use appropriate terminology to characterize skin lesions. The adage "a picture is worth a thousand words" remains key to dermatologic care.

The attitude of the physician in taking all complaints seriously and doing a methodical workup will lead to proper care and ease patient anxiety. A family physician must have knowledge of different diagnoses associated with different lesion types and must know where to access appropriate, reliable information in a timely manner using textbook or online resources. Family physicians are experts at holistically treating patients and are well suited to detecting systemic disease that may have dermatologic manifestations. Early diagnostic biopsy and definitive surgical or medical treatment are 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, cosmetic results, and possible complications.

Timely referral is key in challenging cases that require specialized treatment modalities more commonly performed by a dermatologist. Family physicians play a key role in promoting behaviors to prevent skin cancers and other skin diseases while ensuring 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 that will lead to optimal care of skin 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 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)
- 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)

Attitudes

The resident should demonstrate attitudes that encompass:

- Confidence in managing the majority of skin conditions
- A positive approach to psychosocial needs of patients who have skin disorders
- Willingness to counsel patients with skin conditions
- A desire to learn and perform common dermatologic procedures
- A constructive relationship with dermatologists, when appropriate

Knowledge

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

1. Classification and terminology of skin disorders
 - a. Description of primary and secondary lesions
2. Diagnosis of common dermatologic disorders based on history, topography, and morphology
3. Management of common skin disorders
 - a. Acne
 - b. Actinic keratosis
 - c. Alopecia and hair disorders
 - d. Bacterial infections
 - e. Bites and stings (mammals, spiders, reptiles, ticks, and insects)
 - f. Infestations (lice, scabies, bedbugs, schistosome cercarial dermatitis, myiasis)
 - g. Contact dermatitis

- h. Cutaneous viral infections and exanthems
 - i. Eczema and atopic dermatitis
 - j. Fungal skin infections
 - k. Hyperpigmentation and hypopigmentation
 - l. Lichen planus and bullous/vesicular diseases
 - m. Nail disorders
 - n. Nevi
 - o. Rosacea
 - p. Skin ulcers and pressure sores
 - q. Dermatologic manifestations of sexually transmitted infections (STIs)
 - r. Seborrheic dermatitis
 - s. Psoriasis
 - t. Urticaria and drug eruptions
4. Prevention of skin diseases
 5. Skin manifestations of systemic diseases
 6. Prevention, recognition, and management of common skin cancers (including basal cell carcinoma, squamous cell carcinoma, Kaposi sarcoma, and melanoma)
 7. Pharmacology of skin medications

Skills

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

1. History and physical examination appropriate for skin 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. Use of dermoscopy to complement physical examination

6. Injection
 - a. Local anesthesia
 - b. Steroids
7. Incision and drainage
8. Destruction of lesions
 - a. Cryosurgery
 - b. Electrodesiccation
 - c. Curettage
9. Choice of suturing materials and skin surgery instruments
10. Skin closure techniques including: non-suturing techniques (e.g., benzoin and Steri-Strips, skin glues); simple interrupted; simple continuous; vertical and horizontal mattress; layered closures; and subcuticular suturing
11. Principles and practice of wound care, including use of occlusive dressings
12. Counseling and anticipatory guidance 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 by advising residents to manage their own patients. Attendings should demonstrate proper technique while allowing residents to actively participate in procedures in order to achieve competency.

Resources

Cohen BA. *Pediatric Dermatology*. 4th ed. London, UK: Elsevier Mosby; 2011.

Connelly C, Bikowski J. *Dermatological Atlas of Black Skin*. Coral Springs, FL: Merit Publishing International; 2010.

Du Vivier A. *Atlas of Clinical Dermatology*. 4th ed. Edinburgh/New York: Churchill Livingstone; 2012.

Goldsmith LA, Katz SI, Gilchrest B, Paller A, Leffell D, Wolff K. *Fitzpatrick's Dermatology in General Medicine*. 8th ed. New York, NY: McGraw-Hill Professional; 2012.

Habif TP. *Clinical Dermatology: A Color Guide to Diagnosis and Therapy*. 5th ed. Philadelphia, PA: Elsevier Mosby; 2010.

Website Resources

American Osteopathic College of Dermatology. www.aocd.org

Primary Care Dermatology Society. www.pcids.org.uk

Essential Evidence Plus Derm Expert (subscription required).
www.essentialevidenceplus.com/tools/dermexpert/index.cfm

Dermoscopy. www.dermoscopy.org

Developed 12/1986 by Sutter Health Family Medicine Residency Program

Revised 11/1993

Revised 2/1999

Revised 1/2004

Revised 3/2008

Revised 7/2013 by St. Vincent's Family Medicine Residency Program