

NAME OF ROTATION: IM Dermatology

FOCUS OF THIS ROTATION

- The goal of this elective rotation is to provide the Internal Medicine trainee (PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patients with Dermatological disorders in the emergency department, on the ward, and in the ambulatory clinic setting.
- This rotation will be completed by some residents at the senior level within the Internal Medicine training program. The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY2
- PGY3

Locations for rotation:

- UHN, WCH

Required training experiences (Core of Discipline = PGY2s and PGY3s)

- COD 1 Clinical training experiences:
 - 1.1.2 Ambulatory care: clinic, include experience with a broad spectrum of dermatological conditions as well as patients with complex disorders
 - 1.1.3 Service providing Dermatology consultation to other disciplines or to medical subspecialty inpatient units may occur
 - 1.1.5 After hours on call coverage for a broad spectrum of inpatients and internal medicine consultation to the emergency department
 - 1.1.6 Experience with Dermatology consulting on critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department may occur

Other training experiences (Core of Discipline = PGY2s and PGY3s)

- COD 4 Clinical training experiences:
 - 4.4.2 Interprofessional ambulatory care

Rotation Plan:

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
CORE OF DISCIPLINE (COD) PGY2 AND PGY3	
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	2
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	Optional
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	2

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
CORE OF DISCIPLINE (COD) PGY2 AND PGY3	
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	2
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	2
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Always do when you can
COD 10 Implementing health promotion strategies in patients with or at risk for disease	Optional

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Demonstrate knowledge of the basic principles of the pathobiology of major Dermatological disorders.	Medical expert
2.	Perform an accurate and detailed history and physical examination to elicit details of common Dermatological disorders.	Medical expert
3.	Correlate relevant pathophysiology to the ordering and interpretation of laboratory and imaging investigations commonly used in the assessment of Dermatological disorders.	Medical expert
4.	Demonstrate knowledge of medications used in the treatment of common dermatologic conditions including indications, potential side-effects and contra-indications.	Medical expert
5.	Communicate effectively with physicians and the interprofessional health team in written formats, including well organized, timely and legible orders, progress notes and consult letters.	Communicator
6.	Educate patients regarding lifestyle modifications that may prevent skin disease including the use of sunscreen and avoidance of sun exposure.	Advocate

Royal College Internal Medicine Competencies emphasized on the Dermatology rotation.

Numbers refer to items identified in the Royal College Competencies document

Symptoms 1.4.11.1

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- Pruritus 1.4.11.1.1.

Findings 1.4.11.2.

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- Abnormalities of nails 1.4.11.2.1.
- Clubbing 1.4.11.2.2.
- Maculopapular eruptions 1.4.11.2.3.
- Petechiae, purpura, ecchymosis 1.4.11.2.4.
- Pigmented lesions 1.4.11.2.5.
- Urticaria 1.4.11.2.6.
- Vesicular eruptions 1.4.11.2.7.

Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications.

- Skin and nail manifestations due to systemic disease 1.4.11.2.8.
 - Celiac disease 1.4.11.2.8.1.
 - Connective tissue disease 1.4.11.2.8.2.
 - Endocrine and metabolic disease 1.4.11.2.8.3.
 - Inflammatory bowel disease 1.4.11.2.8.4.
 - Malignancy 1.4.11.2.8.5.
 - Nutritional deficiencies 1.4.11.2.8.6.
 - Systemic immunosuppression 1.4.11.2.8.7.

- Conditions 1.4.11.3.
 - Bullous skin disease 1.4.11.3.1.
 - Eczema 1.4.11.3.2.
 - Erythema nodosum 1.4.11.3.3.
 - Psoriasis 1.4.11.3.4.
 - Stasis dermatitis 1.4.11.3.5.
 - Stevens-Johnson syndrome 1.4.11.3.6.
 - Toxic epidermal necrolysis 1.4.11.3.7.
 - Skin cancer and pre-malignant conditions 1.4.11.3.8.

Investigations

Demonstrate knowledge of the indications, contraindications and awareness of technique for the key procedures of Dermatology including:

- Skin scraping or nail clipping
- Viral swab
- Cryotherapy
- Punch biopsy of skin

Therapies

Demonstrates knowledge of medications used in the treatment of common dermatologic conditions including indications, potential side-effects and contra-indications