Syllabus Elective Dermatology

<table>
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<tr>
<th>Course No.</th>
<th>OM 7550A-G</th>
<th>Course Title:</th>
<th>Elective Dermatology</th>
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<tbody>
<tr>
<td>Credit Hours:</td>
<td>2-4 weeks, 2-4 credit hours for each rotation</td>
<td>Chair: Clerkship director:</td>
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<td>Term - Dates:</td>
<td>Variable in OMS IV academic year</td>
<td>Level: OMS III (if approved), IV</td>
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**Department of Clinical Education Contact Information**

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**Educational Goal**

This elective rotation is a two-four (2-4) week introductory, structured clinical experience under direct supervision designed to provide the student experience diagnosing, treating and caring for patients with dermatologic disorders. There is no post-rotation exam for the elective. Most students electing to take this rotation will be in the fourth year of osteopathic medical school.

Purpose
Clinical experiences are intended to assist the student’s transition from didactic to integrated clinical evaluation and patient management. The goals of this rotation are to prepare the student to recognize common acute and chronic dermatologic disorders. The student should further understand the causes, prevention, and appropriate treatment options for those disorders. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.
Elective Dermatology Clerkship Learning Objectives

The College recognizes that two-four (2-4) weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic material to assist the student in preparing for national Board examinations and other evaluation measures.

The following AOA competencies have been incorporated into the objectives: Osteopathic Principles and Practice, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

By the end of the dermatology elective, the student will be able to:

1. Obtain a relevant dermatologic history
2. Perform physical examination of the integumentary system
3. Accurately describe the morphology of lesions and eruptions on patients.
4. Diagnose common and important lesions and eruptions.
5. Demonstrate familiarity with common diagnostic and therapeutic procedures used in dermatology, including cryotherapy, shave and punch skin biopsy, potassium hydroxide mounts, scabies oil mounts, Tzanck smear, and dermatoscopy.
6. Describe 1st and 2nd lines of therapy for common and important lesions and eruptions.
7. Demonstrate knowledge of basic pharmacology and administration of medications commonly used for treatment of skin disease, particularly topical and anti-inflammatory agents including steroids, topical and oral retinoids, topical and oral antimicrobial agents, anti-parasitic agents and emollients.
8. Differentiate between formulations of topical steroids based on potency, side effects, and vehicles.
9. Demonstrate understanding of basic epidemiology of malignant melanoma, melanocytic nevi and non-melanoma skin cancer.
10. Identify risk factors for melanoma and non-melanoma skin cancers. Perform at least five supervised full-body skin exams for high-risk patients.
11. Identify common risk factors for formation of pressure ulcers, as well as prevention, and management.
13. Recognize cutaneous manifestations of systemic diseases.
14. Summarize impact on quality of life for chronic skin diseases, including atopic dermatitis, psoriasis, pruritus, and acne.
15. Translate skin care advice to layman’s terms for at least one patient for each of the following topics: sun protection, ABCDEs of melanoma, atopic dermatitis skin care regimens, dry skin care regimens, and wound care. (B,U)
16. Demonstrate understanding of the basic principles of dermatologic lasers and Mohs micrographic surgery.
17. Demonstrate familiarity with important new or evolving issues in dermatology and how research and the medical literature are being used to develop evidence-based best practices and guidelines for management of skin disease.
18. Identify clinical dermatological situations that require dermatological referral/consult versus those that are appropriately managed without dermatological referral/consult.

### Core Topics of Study

During the four-week elective, the student will be exposed to a wide variety of common dermatologic disorders. These exposures will occur both during patient sessions and through didactic sessions and outside reading assignments. At a minimum, it is expected that each student will learn to diagnose and treat the following dermatologic disorders:

1. Acne and its variants
2. Atopic Dermatitis/Eczema
3. Common Viral Infections
   a. verruca
   b. herpes simplex
   c. herpes zoster
   d. molluscum contagiosum
   e. pityriasis
4. Common Bacterial Infections
   a. impetigo
   b. erythrasma
   c. folliculitis
   d. cellulitis
5. Common Fungal Infections
   a. dermatophyte (tinea)
   b. candidiasis
6. Common Spirochete Infections
   a. syphilis
   b. erythema migrans (Lyme disease)
7. Common Parasitic Infections
   a. scabies
   b. pediculosis (lice)
8. Common Benign Tumors:
   a. seborrheic keratosis
   b. melanocytic nevi
   c. acrochordons
   d. keloids
   e. hemangiomas
   f. cysts
9. Common Precancerous or Malignant Tumors:
   a. actinic keratosis
   b. basal cell carcinoma
   c. squamous cell carcinoma
   d. malignant melanoma
   e. non-melanoma skin can
10. Seborrheic Dermatitis
11. Psoriasis Vulgaris
12. Contact dermatitis
13. Stasis dermatitis
14. Urticaria
15. Drug eruptions
16. Vasculitis
17. Leg ulcers
18. Vitiligo
19. Cysts
20. Keloid scars
21. Dermatofibroma
22. Alopecia areata
23. Lichen planus
24. Rosacea

**Rotation Faculty**

**OAA Administrative Support:**

**Pomona:**
Marisa Orser, M.Ed, Manager of Clinical Education and Rotations Department (909) 469-5253
Desiree Inglis, Lead Rotations Coordinator

**Lebanon:**
Linda Martin, M.Ed, Manager of Clinical Education and Rotations Office (541) 259-0212

**Texts and Media**

It is strongly recommended that students spend approximately 10 hours per week reading independently. Students should not rely solely on the review books to be adequately prepared for the rotation as they do not provide the knowledge base needed to successfully pass the rotation.
READING ASSIGNMENTS
1. Review all core topics and diseases listed above.
2. Supplemental readings are encouraged to augment pathology seen in a dermatology office. Students must make a concerted effort to read supportive material to assist in achieving the goals and objectives of the rotation.

Implementation
Course objectives are to be accomplished under supervision. Course objectives should be covered during the rotation to assure adequate student preparation for board examinations and clinical practice. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.
Didactic methods to achieve required objectives include:
• Reading assignments
• Lectures
• Computer-assisted programs (if available)
• Student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:
• Assignment of limited co-management responsibilities under supervision
• Participation in clinic visits, daily patient rounds and conferences
• Supervised and critiqued clinic work-ups of patients admitted to the service
• Assigned, case-oriented reading and case presentations

Recommended Texts
Evidence-Based Medicine:
• ACP's PIER- Stat! Ref- PIER© is a collection of over 400 evidence summaries published by the American College of Physicians. Each module provides authoritative guidance to improve the quality of care.
• Cochrane Library for Evidence-Based Medicine- The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making.
• DynaMed- Point-of-care reference resource designed to provide doctors and medical researchers with the best available evidence to support clinical decision-making
• Essential Evidence Plus- A powerful resource packed with content, tools, calculators and alerts for clinicians who deliver first-contact care.
• ACP Medicine- ACP Medicine is a comprehensive, evidence-based reference for fast, current answers on the best clinical care.

Electronic Texts:
• Fitzpatrick Color Atlas and Synopsis of Clinical Dermatology -AccessMedicine
• Fitzpatrick’s Dermatology in General Medicine -AccessMedicine
• Cecil Medicine-MD Consult
• Harrison’s Online-AccessMedicine
• Current Medical Diagnosis and Treatment 2011 -AccessMedicine
• MD Consult- Provides full-text access to approximately 40 medical textbooks, 50 medical journals, comprehensive drug information, and more than 600 clinical practice guidelines
• Ebsco A-to-Z- Database provides links and coverage information to more than 124,000 unique titles from more than 1,100 database and e-journal packages.
• The Medical Letter on Drugs and Therapeutics- An independent, peer-reviewed, nonprofit publication that offers unbiased critical evaluations of drugs, with special emphasis on new drugs.

Rotation Format, Evaluation, Grading, and Student Feedback

Refer to the Clinical Education Manual for policies and procedures. Additional information is located in the Clinical Education Manual at: http://www.westernu.edu/bin/ime/cem-2014.pdf

Rotation Schedule
Each site will provide students with a schedule on their first day of the rotation. These schedules are rarely available prior to the start the rotation.

Expectations:
During this rotation, the student is expected to do the following:
1. Function as an essential member of the office team.
2. Report to the office daily. If you are going to be late or absent, you must notify the resident or attending that you are assigned to and the WesternU/COMP Rotations Office.
3. Report to the resident or attending physician you are assigned to daily. They will assign patients for you to take care of during your rotation.
4. Write progress notes and orders as allowed by the attending physician.
5. Attend all educational conferences and grand rounds as required by the resident or attending physician.
6. Read about the anatomy, physiology, and pathology of the patients encountered in the required textbooks.
7. Complete the assigned reading.
8. Apply osteopathic principles and practices to every patient.

**Evaluations:**
The evaluation of the student is based upon, but not limited to the following:
1. Knowledge of the dematological disease, pathology, and management for assigned patients.
2. Knowledge of the diagnosis and treatment of common dematological diseases.
3. Presentation of assigned patients.
4. Completion of paperwork (history and physicals, progress notes, orders, etc) on assigned patients.
5. Performance of an independent presentation as assigned by the resident or attending physician.
6. Professionalism and rapport with patients, residents, attendings, and ancillary staff.
7. Attendance at lectures, conferences, and meetings.
8. Submission of completed case log and procedure log in New Innovations. **Failure to submit the logs will count as failure to complete the clerkship.**

**DOCUMENTATION**

**A. PATIENT ENCOUNTERS**
Students are required to document each patient encounter in a case log on New Innovations. Failure to submit the log will count as failure to complete the clerkship.

**B. PROCEDURES**
Students are also required to document each procedure performed in a procedure log on New Innovations.

**KEYS TO SUCCESS:**
1. READ, READ, READ!!!!!! It is imperative that you read for this clerkship. If you read the required text, it will make it easier for you to understand the medical management of your patients and to answer questions from your resident and attendings.
2. Know your patients well. Read up on the disease process of your patients, which includes diagnosis and treatment. These practices will help you understand the manifestation of the disease process and why certain treatment modalities are being used.
3. Practice and learn how to orally present patients. This will be a skill that you will use for all rotations and will have to master as a physician.

There is no post-rotation examination for this rotation. **At the beginning of the rotation, the physician/mentor should review expectations/guidelines of performance with the student. On the last day of service, the supervising physician should review the student’s performance with the student and have the student review the evaluation form before submission.**

**General Policies**

**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Harris Family Center for Disability and Health/Accommodation and Resource Center (CDHP/AARC) and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.


Academic Dishonesty: Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.
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<thead>
<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
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<tr>
<td>1. Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
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<td>2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
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<td>3. Interpersonal Communication Skills</td>
<td>The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.</td>
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<td>4. Collaboration Skills</td>
<td>The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.</td>
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<tr>
<td>5. Ethical and Moral Decision Making Skills</td>
<td>The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.</td>
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<tr>
<td>6. Life-Long Learning</td>
<td>The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.</td>
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<td>7. Evidence-Based Practice</td>
<td>The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.</td>
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<tr>
<td>8. Humanistic Practice</td>
<td>The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.</td>
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<tr>
<th>COMP/AOA CORE COMPETENCIES</th>
<th>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</th>
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<tbody>
<tr>
<td>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</td>
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<tr>
<td>2. Medical Knowledge</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</td>
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<tr>
<td>3. Patient Care</td>
<td>residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</td>
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<tr>
<td>4. Interpersonal and Communication Skills</td>
<td>residents are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</td>
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<tr>
<td>5. Professionalism</td>
<td>residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents</td>
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should be cognizant of their own physical and mental health in order to effective care for patients.

6. Practice-Based Learning and Improvement
Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7. Systems-based Practice
Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

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<thead>
<tr>
<th>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</th>
<th>WU</th>
<th>COMP</th>
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>1</td>
<td>1, 2, 3, 6</td>
</tr>
<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
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<tr>
<td>Interpersonal Communication Skills</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Collaboration Skills</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>5</td>
<td>1, 3, 5, 6</td>
</tr>
<tr>
<td>Life Long Learning</td>
<td>6</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>7</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Humanistic Practice</td>
<td>8</td>
<td>3, 4, 5</td>
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