

**ROTATION SUMMARY**  
**DERMATOLOGY**

**Rotation Contacts and Scheduling Details**

**Rotation Director:** Derek Chu, M.D. (derekchu@stanford.edu)

**Administrator:** Kris Arao (karao@stanford.edu, 650-723-6493)

**Positions Available:** One. 2-4 week rotation. All levels of training are welcome.

**Introduction**

Pediatric dermatology patients range in age from newborns to 18-year-old adolescents. In addition to general pediatric dermatology clinics, rotators will participate in sub-specialty multidisciplinary clinics in Epidermolysis Bullosa, Vascular Anomalies, Rheumatology-Dermatology, and Genetic Skin Diseases. Although the majority of the rotation is in outpatient clinics, exposure to inpatient consultation services is also available.

Rotators function as integral members of the care team. Upon completion of the rotation, rotators will:

- 1) Become comfortable seeing a range of pediatric dermatologic patients, and recognize the special psychosocial needs of these patients and their families.
- 2) Be able to diagnose common pediatric dermatologic disorders and develop treatment plans for these conditions.
- 3) Understand the indications for requesting consultation from a pediatric dermatologist.

**Weekly Schedule**

A general schedule is listed below. Clinics may be cancelled because of meetings, attending absences, etc. An updated schedule is sent to rotators prior to the start of the rotation.

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
8am-12pm  Clinic – 730, SV	8am-12pm  Clinic – 730, SV	8am-12pm  Clinic – 730, SV, SB	8am-12pm  Clinic – 730, SV, SB	8am-12pm  Clinic – 730, SV  OR  Epidermolysis Bullosa Clinic – 770
1pm-5pm  Clinic – 730, SV  OR  Genetics- Dermatology Clinic – 730	1pm-5pm  Clinic – 730, SV  OR  Rheumatology- Dermatology Clinic – 730	1pm-5pm  Clinic – 730, SV, SB  OR  Vascular Anomalies Clinic – 770	1pm-5pm  Clinic – 730, SV, SB	1pm-5pm  Clinic – 730, SV

**730:** Mary L. Johnson Specialty Services, 730 Welch Rd. **770:** Specialty Services – Welch Rd, 770 Welch Rd. **SV:** Specialty Services - Sunnyvale, 1195 W. Fremont Ave, 2<sup>nd</sup> Floor. **SB:** Specialty Services - Los Gatos, 14601 S. Bascom Ave, Suite 200.

## **Rotation Specifics**

### **Orientation**

Rotators will receive a rotation summary prior to the start of the rotation. There will also be a brief orientation to clinic on the first day of the rotation.

### **Clinic Overview**

In the outpatient clinics, residents will obtain H&Ps for patients who present for both new and follow-up evaluations. They will formulate diagnoses and treatment plans with supervision from attending physicians, and subsequently enact treatment plans, including patient and family counseling and coordination of care. If needed, residents may perform basic diagnostic or therapeutic procedures, such as KOH preparation or cryotherapy. Rotators will not perform skin biopsies, excisions or laser procedures unless special permission has been granted by the attending. Residents are encouraged to follow-up on any test results and communicate follow-up issues to the attending. Inpatient consultations are usually seen by the dermatology consult resident or fellow, however, rotators are welcome to participate in consultations if interested.

### **Pagers and Call Schedule**

Residents must be available by pager or phone, 8am-5pm, Monday through Friday.

There are no call or weekend responsibilities for residents on this rotation.

### **Resident Roles and Responsibilities**

- 1) Obtain and present relevant history and physical examinations for pediatric dermatology patients.
- 2) Participate in establishing diagnoses, and generating and implementing treatment plans.
- 3) Perform basic diagnostic tests, including KOH prep, scabies prep, Tzanck smear, hair mount and fungal culture with attending supervision.
- 4) Perform basic procedures, including cryotherapy, intralesional medication injection, and incision and drainage of abscesses and cysts with attending supervision.
- 5) Complete required medical documentation for all patient encounters accurately and in a timely manner.

### **Evaluation and Feedback**

Residents are encouraged to ask for direct feedback on their performance from each clinic attending during and at the end of the rotation. A MedHub evaluation about the resident's performance will also be completed by the rotation director and other attending physicians at the end of the rotation.

### **Faculty**

Derek Chu  
Phuong Khuu  
Ann Marqueling  
Lucy Schmidt  
Jennifer Sorrell  
Joyce Teng

### **References**

Color Textbook of Pediatric Dermatology (4<sup>th</sup> edition) by Weston, Lane, and Morelli. This book is written for primary care providers.

## Competency-based Goals and Objectives

<b>Goal 1. Understand the terminology used to describe primary and secondary skin lesions.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Define and be able to recognize: Macule, patch Papule, plaque Vesicle, bulla Pustule Nodule Cyst Erosion, ulcer Oozing, crust Scale Atrophy Excoriation	Review Dermatology Text	Direct observation and questioning in clinic	MK
<b>Goal 2. Understand the pediatrician's role in preventing illness and dysfunction related to skin disorders through counseling, screening and early intervention.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Perform a complete examination of the skin and mucous membranes and understand the importance of routine skin examination in the primary care setting.	Instruction from and observation of attending	Direct observation	PC, PBLI
Counsel children and parents on sun safe behaviors, preventing injury to the skin, and the importance of self-skin examination.	Review Dermatology Text, observation of attending	Direct observation	MK, PC, ICS, PBLI
<b>Goal 3. Diagnose and manage mild to moderate atopic dermatitis.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Recognize the clinical features of atopic dermatitis.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC
Differentiate atopic dermatitis from other inflammatory skin conditions.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
Counsel families on the epidemiology, pathophysiology and management of atopic dermatitis.	Clinical teaching, observation of attending	Direct observation	PC, ICS, PBLI
Create effective management plans for uncomplicated mild to moderate atopic	Review Dermatology Text, clinical teaching, observation of attending	Direct observation and questioning in clinic	MK, PC, ICS, PBLI

dermatitis, including the use of moisturizers and topical steroids.			
Recognize and create management plans for conditions that may complicate atopic dermatitis (e.g. skin infection)	Review Dermatology Text, clinical teaching, observation of attending	Direct observation and questioning in clinic	MK, PC, ICS, PBLI
Understand indications for referral to dermatology or other specialists.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
<b>Goal 4. Diagnose and manage mild to moderate acne.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Recognize the physical findings of acne (all severities) and differentiate acne from other similar-appearing conditions.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC
Counsel patients regarding cause, course, and prognosis of acne, and understand and provide support for the psychological ramifications of acne.	Review Dermatology Text, clinical teaching, observation of attending	Direct observation	MK, PC, ICS, PBLI
Utilize topical medications in the management of acne.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
Understand the role of systemic antibiotics in the management of acne.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
Define the role of hormonal therapy in the management of acne.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
Create a step-wise approach to the management of acne, including skin care, topical and systemic medications.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
List indications for referral to dermatology.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
<b>Goal 5. Diagnose and understand the significance of birthmarks and acquired nevi.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Recognize the clinical features of infantile hemangiomas and be able to differentiate infantile	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK

hemangiomas from other vascular anomalies			
Counsel patients and families regarding the cause, course, and prognosis of infantile hemangiomas	Review Dermatology Text, clinical teaching, observation of attending	Direct observation	MK, PC, ICS
Recognize infantile hemangiomas with the potential to cause life- or function-threatening complications	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC
Diagnose and counsel parents about common birthmarks such as port-wine stain, nevus sebaceus, café-au-lait macule, congenital melanocytic nevus	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, ICS
Distinguish normal melanocytic nevi from potentially abnormal nevi/melanoma.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
Understand indications for referral to dermatology.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC, PBLI
<b>Goal 6. Diagnose and manage common skin infections.</b>			
Resident Objectives:	Instructional Strategies	Assessment of Competency	ACGME Competency Goals
Recognize the clinical presentations of warts, molluscum, impetigo, herpes infection, tinea	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK
Explain and utilize laboratory tests to correctly diagnose skin infections	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC
Counsel patients and families about the cause, course, and prognosis of skin infections, and counsel families on preventing the spread of infection at home and in the community.	Review Dermatology Text, clinical teaching, observation of attending	Direct observation	MK, PC, ICS
Create treatment plans for patients with skin infection.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC
Explain indications for referral to dermatology.	Review Dermatology Text, clinical teaching	Direct observation and questioning in clinic	MK, PC

**PBLI:** practice based learning and improvement, **ICS:** interpersonal and communication skills, **P:** professionalism, **MK:** medical knowledge, **PC:** patient care, **SBP:** systems based practice

**Reference:** Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency.