Background

• Most dermatologic conditions are managed by non-dermatologists.1
• Limited education is dedicated to dermatology in Internal Medicine (IM) residencies in the United States. 2
• Given limited access to dermatologists, it is critical for physicians in training across specialties, including IM, to feel confident in recognizing and managing cutaneous diseases.3

Methods

• Qualitative, open ended needs assessment with relevant stakeholders: IM chief residents, IM residency faculty.
• Developed 7 minute modules and an accompanying lesson plan to enable senior residents teach relevant dermatologic topics directly before noon lectures.
• Modules included a PowerPoint presentation, written lesson plan, and diverse clinical images including skin of color.
• 20 Modules designed in total.
• Two 20 NBME question assessments designed to be given randomly as pre- and post-curriculum assessment.
• Gift card incentives for participation.

Objective

Develop a dermatology min-curriculum to improve IM resident diagnosis and management of common dermatologic conditions.

Methods Continued.

July & Aug. 2021

20 question Pre-curriculum assessment

July 2021-June 2022 (Classes 2022-2024)

IM Residents receive 20, seven minute Derm curriculum over the course of the year

May & June 2022

20 question Post-curriculum assessment

Results

• 174 house staff eligible to participate
• 28.1% (n=49) completed pre-curriculum assessment
• None of the 20 mini-course lectures were delivered
• Post-curriculum tests not administered yet.

Distribution of Test Scores among Participants

<table>
<thead>
<tr>
<th>Score</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>3</td>
</tr>
<tr>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>55</td>
<td>9</td>
</tr>
<tr>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td>65</td>
<td>2</td>
</tr>
<tr>
<td>70</td>
<td>3</td>
</tr>
<tr>
<td>75</td>
<td>1</td>
</tr>
<tr>
<td>80</td>
<td>1</td>
</tr>
</tbody>
</table>

Conclusions

• With less than ¼ of residents participating in the pre-curriculum test and no lectures successfully delivered, results of this curricular intervention are limited.
• While content was designed to lower the barrier to teaching and learning dermatology, protected time is likely required for additional content to be successfully integrated into IM resident education.

Next Steps

• Post-mortem discussion with current and incoming chief residents.
• Redesign curriculum to meet the needs of IM residency:
  • Integrate with current teaching schedule instead of supplementing noon lectures.
  • Offload lecture development responsibilities from chief residents.

References

1. Thompson TT, Feldman SR, Fleischer AB. Only 33% of visits for skin disease in the US in 1995 were to dermatologists: is decreasing the number of dermatologists the appropriate response? Dermatol Online J. 1997;4(1):3.