

Implementation of a Longitudinal Dermatology Curriculum in Internal Medicine Residency Education

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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

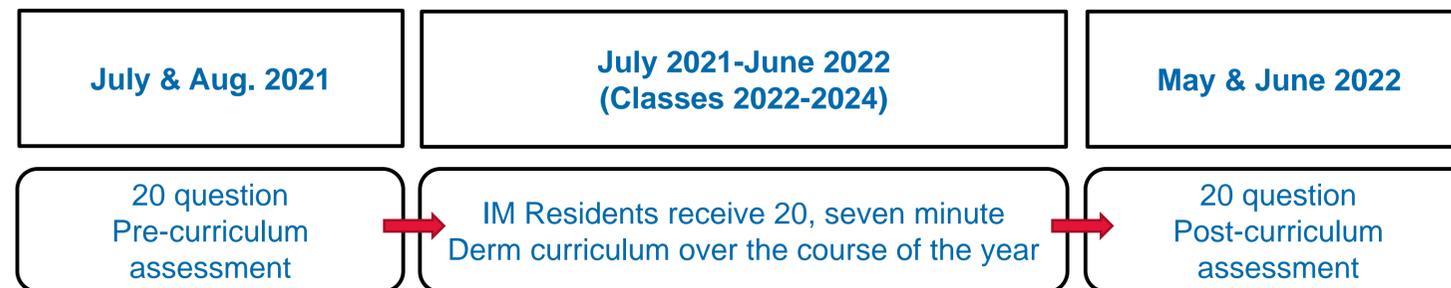
Methods

- 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.



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

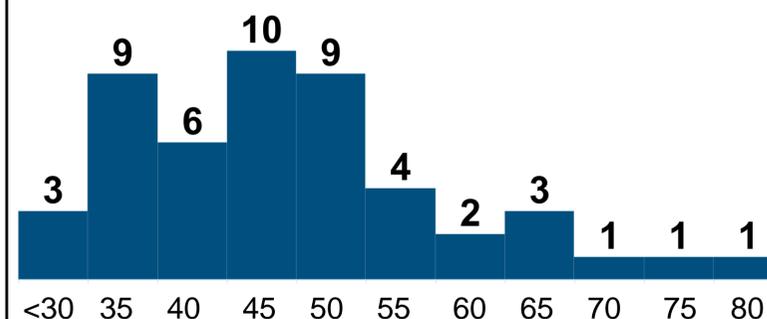


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Presentation Board

65-year-old woman with HTN & sun exposure presents with a pruritic rash on her bilateral upper and lower extremities.

Pinkish-red annular (ring-shaped) plaque without scale

Granuloma Annulare

Dermis – Clue: No scale

Order HbA1c, TSH and lipid panel

Take Home Points

1. The lack of scale is a good clinical clue that this process does not involve the epidermis, only the dermis.
2. Deeper lesions involving the dermis, like granuloma annulare (GA), are often resistant to topical therapies and intralesional triamcinolone is considered first-line treatment.
3. Granuloma annulare is associated with diabetes, hypothyroidism and hyperlipidemia. Patients with GA should undergo work up with a HbA1c, TSH and lipid panel.

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.
2. Resneck J, Kimball AB. The dermatology workforce shortage. *Journal of the American Academy of Dermatology.* 2004;50(1):50-54.
3. Hansra NK, O'Sullivan P, Chen CL, Berger TG. Medical school dermatology curriculum: are we adequately preparing primary care physicians? *J Am Acad Dermatol.* 2009;61(1):23-29.