

## Dermatology: Competency Based Goals and Objectives

**COMPETENCY 1. Patient Care.** Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Distinguish skin lesions or findings that are normal, transient, or clinically insignificant from those that warrant observation, evaluation, or treatment
2. Develop a logical, scientifically sound approach to the evaluation of skin findings.
3. Describe the differential diagnoses of primary and secondary skin lesions and an initial strategy for evaluation and management of common dermatologic findings including:
  - Macules or papules
  - Vesicles or bullae
  - Pustules
  - Purpura
  - Hypopigmented lesions
  - Hyperpigmented lesions
  - Vascular lesions
  - Annules
  - Atrophic lesions
  - Associated scaling of lesions
4. Describe differential diagnosis and initial strategies for evaluating dermatologic symptoms including:
  - Hair loss
  - Abnormal hair distribution, structure or texture
  - Abnormal structure or shape of nails
  - Pruritus
5. Recognize and provide management of conditions referred to a pediatric dermatologist including:
  - Acne (severe or cystic)
  - Seborrheic dermatitis (severe or complicated)
  - Eczema, severe or complicated
  - Eczema herpeticum
  - Chronic urticaria
  - Congenital skin disorders (ichthyoses, unusual birthmarks)
  - Cutaneous manifestations of child abuse and factitial dermatitides
  - Dermatologic findings that suggest serious systemic or genetic disorders
  - Drug reactions (severe)
  - Erythema multiforme major (Stevens-Johnson syndrome)
  - Erythema nodosum and other forms of panniculitis
  - Hemangiomas (complicated)
  - Hyperhidrosis
  - Lichen sclerosus et atrophicus
  - Mastocytosis(urticaria pigmentosa, mastocytomas)
  - Melanocytic nevi suspicious for malignancy
  - Giant congenital melanocytic nevi
  - Morphea (localized scleroderma)
  - Onychomycosis
  - Pityriasis lichenoides et varioliformis acuta/chronica
  - Photosensitivity (polymorphous light eruptions, phytophotodermatitis, neonatal lupus and other connective tissue disorders)
  - Psoriasis
  - Vascular malformations (facial port wine stains, atypical vascular malformations)
  - Vitiligo
  - Warts (complicated plantar, nail bed, genital, resistant)
  - Atypical presentations of skin conditions that do not conform to classical patterns or respond to conventional therapy

6. Request or perform and interpret the following relevant clinical and laboratory studies: skin scraping for microscopic evaluation (fungal, scabies), skin and wound cultures, specimen collection for fungal infection of skin or scalp, wood's lamp exam of skin, cryotherapy for warts or molluscum.
7. Recognize the serious nature of, respond promptly to any skin lesions associated with malignancy, other disease processes or ones that can leave significant deformity of the child.
8. Properly use common dermatologic preparations, considering cost, convenience, efficacy, side effects and impact on growth and development.
9. Identify the importance of and regularly perform office screening for dermatologic conditions.
10. Counsel parents and children about prevention with respect to common dermatologic conditions.

**COMPETENCY 2. Medical Knowledge.** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Describe the epidemiology of common pediatric skin conditions and discuss evidence-based strategies to prevent disease and dysfunction.
2. Acquire, interpret and apply the knowledge appropriate for the generalist regarding the core content of pediatric dermatology.
3. Critically evaluate current medical information and scientific evidence related to pediatric dermatology and modify your knowledge base accordingly.

**COMPETENCY 3. Communication Skills.** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Provide effective patient education, including reassurance, for a condition(s) common to pediatric dermatology.
2. Communicate effectively with primary care and other physicians, other health professionals, and health related agencies to create and sustain information exchange and team work for patient care.
3. Maintain accurate, legible, timely, and legally appropriate medical records, including referral forms and letters, for subspecialty patients in the outpatient and inpatient setting.

**COMPETENCY 4. Practice-based Learning and Improvement.** Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Identify standardized guidelines for diagnosis and treatment of conditions common to pediatric dermatology and adapt them to the individual needs of specific patients.
2. Identify personal learning needs related to pediatric dermatology; systematically organize relevant information resources for future reference; and plan for continuing acquisition of knowledge and skills.

**COMPETENCY 5. Professionalism.** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes, and seeking answers to patient care questions).
2. Demonstrate a commitment to carrying out professional responsibilities.
3. Adhere to ethical and legal principles, and be sensitive to diversity.

**COMPETENCY 6. Systems-Based Practice.** Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Identify key aspects of health care systems as they apply to pediatric dermatology, including the referral process, and differentiate between consultation and referral.

2. Demonstrate sensitivity to the costs of clinical care in pediatric dermatology, and take steps to minimize costs without compromising quality
3. Recognize and advocate for families who need assistance to deal with systems complexities, such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
4. Recognize one's limits and those of the system; take steps to avoid medical errors.