Overall Competencies for the Pediatric Residency Training Program

DERMATOLOGY

Goals and Competencies

PC: Patient Care; MK: Medical Knowledge; PBLI: Practice-Based Learning & Improvement
IC: Interpersonal & Communication Skills; P: Professionalism; SBP: Systems-Based Practice

GOAL 1: Normal Versus Abnormal (Dermatology): Understand how to differentiate between normal and pathological skin findings.

COMPETENCIES: (PC, MK)	<25%	25-50%	50-75%	75-100%
1. Distinguish skin lesions/findings that are normal, transient, and/or clinically insignificant from those that warrant observation evaluation, or treatment.	1	2	3	
2. Develop a logical, scientifically sound approach to the evaluation of skin findings.	1		2	3

GOAL 2: Prevention (Dermatology): Understand the pediatrician's role in preventing illness related to skin disorders.

COMPETENCIES: (PC, MK, PBLI, IC, P)	<25%	25-50%	50-75%	75-100%
1. Counsel parents and children about skin cancer prevention/sun protection.		1	2	3
2. Counsel parents about strategies to reduce mite, lice, spider, insect, and tick bites, including use of repellents appropriate for children.	1		2	3

GOAL 3: Key Principles in Dermatology: Understand the key diagnostic and management principles related to dermatology.

COMPETENCIES: (PC, MK, SBP)	<25%	25-50%	50-75%	75-100%
1. Describe the differential diagnosis of scaling lesions, macular or papular lesions, vesiculobullous lesions, pustular lesions, purpuric lesions, and hypopigmented and hyperpigmented lesions.	1	2	3	
2. Demonstrate proper use of common dermatologic preparations, considering cost, convenience, efficacy (e.g., creams vs. lotions vs. ointments; topical steroids of varying potency; compresses, topical and systemic antibiotics, etc.)	1	2	3	

GOAL 4: Common Conditions Often Not Referred (Dermatology): Understand how to diagnose and manage dermatological conditions generally not requiring referral.

COMPETENCIES: (PC, MK)	<25%	25-50%	50-75%	75-100%
1. Identify, describe the pathophysiology of, and manage these conditions:				
a. Acne (mild and moderate)	1	2		3
b. Acute urticaria and erythema multiforme.	1	2	3	
c. Arthropod and insect bites, scabies, lice.	1		2	3
d. Atopic dermatitis (mild and moderate)	1		2	3
e. Common, transient skin lesions in newborns and young infants.	1		2	3
f. Allergic contact dermatitis (poison ivy, oak, sumac).	1		2	3
g. Cutaneous herpes (simplex and zoster).	1	2	3	
h. Dermatophyte infections (tinea capitis, kerion, tinea corporis, tinea pedis, tinea versicolor).	1	2		3
i. Diaper dermatitis – irritant, candidal.	1		2	3
j. Drug eruptions (common and uncomplicated).	1	2	3	
k. Impetigo	1		2	3
l. Benign – appearing nevi (moles).	1	2	3	
m. Intertrigo	1	2		3
n. Molluscum contagiosum	1		2	3
o. Pityriasis rosea	1	2		3

p. Seborrheic dermatitis (mild and moderate)	1		2	3
q. Infantile hemangiomas, uncomplicated.	1	2	3	
r. Warts.		1	2	3
2. Proficiency in diagnostic office-based procedures (refer to basic skills 2, 4, 5, 6)				
a. Performing and interpreting potassium hydroxide (KOH) examination.	1		2	3
b. Obtaining a sample for direct fluorescent antibody (DFA) examination.	1	2	3	
c. Obtaining a sample for fungal culture.		1	2	3
d. Obtaining and interpreting a mineral oil scraping.	1	2	3	
3. Proficiency in diagnostic office-based procedures (refer to basic skills 7, 8)				
a. Observing skin biopsy technique and understanding procedure.		1	2	3

GOAL 5: Conditions Generally Referred (Dermatology): Understand how to recognize, provide initial management, and refer dermatological conditions which generally require referral.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Recognize, provide initial management of, and refer appropriately these conditions:				
a. Acne, severe and/or cystic		1	2	3
b. Chronic urticaria	1	2	3	
c. Genetic skin disorders (ichthyosis, epidermolysis bullosa, etc.)	1	2	3	
d. Dermatologic findings of serious systemic disorders.	1	2	3	
e. Drug eruptions (severe).		1	2	3
f. Moderate to severe atopic dermatitis	1		2	3
g. Onychomycoses	1	2,3		
h. Atypical congenital or acquired nevi.	1	2		3
i. Psoriasis and lichen planus	1	2,3		
j. Skin conditions listed above which do not conform to classical patterns or respond to conventional therapy.	1	2,3		
k. Warts (complicated)		1	2	3
l. Alopecia areata.	1	2,3		
2. Recognize, provide initial management of, and/or rapidly refer the following skin legions:				
a. Melanoma.	1	2		3
b. Skin eruption associated with systemic disease.	1	2	3	
c. Newborn with blisters.	1	2	3	

GOAL 6: Atopic Dermatitis: Understand how to diagnose and manage atopic dermatitis.

COMPETENCIES: (PC, MK, PBLI, IC, P)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Summarize the clinical features of atopic dermatitis.	1	2		3
2. Describe presentation and generate differential diagnosis.	1	2		3
3. Describe management of mild to moderate atopic dermatitis including skin care, use of topical anti-inflammation, and cost of therapy.	1	2		3
4. List conditions, which may complicate atopic dermatitis and discuss appropriate treatment (bacterial and viral infection).	1		2	3
5. Counsel parents and children regarding natural history of disease.	1		2	3

GOAL 7: **Acne:** Understand how to manage mild and moderate acne.

COMPETENCIES: (PC, MK)	<25%	25-50%	50-75%	75-100%
1. Describe acne lesions.	1		2	3
2. Recognize exacerbating factors.	1	2	3	
3. Recognize the clinical features of mild to severe acne.	1		2	3
4. Understand the correct use of medications for acne management (e.g., benzoyl peroxide, retinoids, topical antibiotics).	1		2	3
5. Understand the role and possible risks of systemic antibiotics in acne management.	1	2	3	
6. Describe a step-wise approach to the management of acne, based on severity and types of lesions present.	1		2	3
7. Identify indications for referral of acne.	1	2	3	
8. Be comfortable addressing common psychosocial ramifications of acne.	1	2		3