

Tufts Medical Center HIV Dermatology Clinic

a) Goals, Objectives, and ACGME Competencies

Goals

To gain a basic understanding of the major and uncommon diagnoses, pathophysiology, differential diagnosis and therapy of dermatologic problems, under the supervision of an ID-trained dermatologist, encountered in people infected with HIV. To transfer the experiences learned in Dermatology Clinic to their own outpatient HIV practice. To use primary classical and recent literature to improve the care of HIV-infected patients with skin disease.

Objectives

- Gain a basic familiarity with both primary cutaneous processes and cutaneous manifestations of systemic disease, in patients with HIV/AIDS
- Gain a basic understanding of the management of most frequently encountered skin problems in patients with HIV/AIDS

Rationale/Value

Dermatologic problems are frequently encountered in patients infected with HIV. They can be the result of opportunistic processes, dysfunctional immune phenomena or medications. Often, skin manifestations are the only symptoms of HIV infection and have the potential to be extremely bothersome or in some cases, disabling, to the patient. Therefore, it is important that an infectious disease physician has the ability to recognize, diagnose and treat HIV-associated skin conditions to provide high quality consultative or primary care.

Most Important Educational Content

Disease Mix:

Includes primary cutaneous processes and cutaneous manifestations of systemic disease. ID residents have the potential to encounter patients with the exanthema of acute HIV infection, localized or disseminated herpes virus infections, human papilloma virus of the genitals and other areas, molluscum contagiosum, bacillary angiomatosis, Kaposi's sarcoma, seborrheic dermatitis, psoriasis, tinea, onychomycosis, bacterial folliculitis, eosinophilic folliculitis, prurigo nodularis, disseminated fungal infections such as cryptococcosis or histoplasmosis, mycobacterial infections and ectoparasitic infections as with scabies. In addition, intolerance to many medications, often manifested as a rash, is common in patients with HIV.

Patient Characteristics:

Patients seen in HIV Dermatology Clinic are derived from the HIV population under care in the Tufts Medical Center ID Continuity Clinic. The patient population is representative of an urban and suburban referral practice generally with a wide diversity in terms of ethnicity, racial makeup and socioeconomic circumstance. Patients with HIV/AIDS are more likely to be younger and lack sufficient health insurance. Patients are followed in a typical office setting.

Types of Clinical Encounters:

Most encounters are typical outpatient clinical encounters. Patients are seen by the ID resident, who has access to the patient's ID clinic record beforehand. The patient is then presented to the senior Dermatology attending physician who precepts the clinic.

Procedures and Services:

Procedures and services include skin biopsies and liquid nitrogen therapy of skin lesions. ID residents observe but do not perform these interventions.

Patient care

First year ID residents – N/A

Second year ID residents

Demonstrate care that is compassionate, comprehensive and effective

Medical knowledge

First year ID residents – N/A

Second year ID residents

- Gain a basic familiarity with the pathophysiology, manifestation and management of:
 - Exanthema of acute HIV infection
 - Localized or disseminated herpes virus infections
 - Human papilloma virus of the genitals and other areas
 - Molluscum contagiosum
 - Bacillary angiomatosis
 - Kaposi's sarcoma
 - Seborrheic dermatitis
 - Psoriasis
 - Tinea
 - Onychomycosis
 - Bacterial folliculitis
 - Eosinophilic folliculitis
 - Prurigo nodularis
 - Disseminated fungal infections such as cryptococcosis or histoplasmosis
 - Mycobacterial infections
 - Ectoparasitic infections as with scabies
 - Medication intolerance manifested as a rash

Practice-based learning

First year ID residents – N/A

Second year ID residents

- Utilize Dermatologic Atlases to refine diagnostic ability with regards to skin diseases

Interpersonal and communication skills

First year ID residents – N/A

Second year ID residents

- Develop the ability to have effective information exchange with a patient population that is representative of an urban and suburban referral practice, generally with a wide diversity in terms of ethnicity, racial makeup and socioeconomic circumstance.

Professionalism

First year ID residents – N/A

Second year ID residents

- Demonstrate commitment to professional duties, adherence to ethical standards, and sensitivity to diverse patients

Systems-based practice

First year ID residents – N/A

Second year ID residents

- Understand the role of lack of insurance, housing, food, or transportation in worsening of dermatologic conditions in patients with HIV/AIDS
- Effectively call on system resources such as ID clinic Social Work consultation to provide comprehensive care

b) Defined Methods of Evaluation

Principal Teaching Method

The case method (apprenticeship) is the major technique used in the HIV Dermatology Clinic.

Principal Ancillary Educational Materials

Resources include the extensive print and electronic resources described in the Tufts Medical Center inpatient rotations. Atlases of dermatologic conditions and other specialized texts are found within the Dermatology Clinic

c) Methods of Evaluation

Methods to Evaluate Residents

There is no formal evaluation of ID residents in this curricular component.

Methods to Evaluate Program Performance

The HIV Dermatology learning experience is evaluated as part of the entire program in the annual confidential program evaluation by ID residents, as described elsewhere.

d) Strengths of Program

ID residents have the opportunity to learn to diagnose and treat dermatologic conditions in HIV patients from an experienced dermatologist. This will enable them to provide more comprehensive care in their own practices.

e) Limitations of Program

Lack of Electronic Medical Record of Dermatologists' notes, including photography of lesions.