Sunnybrook
HEALTH SCIENCES CENTRE

Department of Medicine

Division of Dermatology

Rotation Handbook

Revised: March 2013

Dermatology Contact List

Staff:

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Fellows:
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Dr. Jennifer Salsberg (Cosmetics/Laser)
Dr. Roni Dodiuk-Gad (Medical Dermatology)

Clinic nurses: 416-480-4906 (Nurses office)
Caitlin McCullough
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Undergraduate and Graduate Program Coordinator:
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Receptionists:

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Main Clinic Line	416-480-4908
Clinic Fax Line	416-480-6897

WELCOME TO SUNNYBROOK DERMATOLOGY

If this is your first rotation at Sunnybrook for the current academic year, please ensure the following items are completed:

CHECKLIST FOR THE ROTATION:

1. Register with the hospital before beginning the rotation (Residents must register at E-wing, Room 324 with Sinthujah Santhiarasiri; medical students register with Esther Williams in E-wing, Room 313).
2. Do you have a Sunnybrook badge? If not, please go to Security at Sunnybrook (CG03).
3. Wearing a lab coat to clinic is not mandatory, but would be beneficial, especially when doing procedures.
4. Parking at Sunnybrook (CG01).
5. Please introduce yourself to Michelle (Clinic Manager) and Lyn (Program Coordinator). Either Lyn or Michelle will take you around and show you the clinic. They will give you a schedule of the clinics activities for the week. There are computers available for the residents and students in our "resident room". This is a room located behind the reception/filing area that holds computers, phones, etc. Feel free and leave your things in this room (patients do not have access to this room).
6. If you are going to miss a clinic, Lyn or Michelle must be informed. Lyn's number is X4995 and Michelle's number is X4767.
7. Our clinic runs 5 days a week, Monday to Friday, starting anywhere from 8:00 a.m. to 9:00 a.m. There is usually a break for lunch @ 12:30 p.m. and another clinic (or three) starts at 1:00 p.m. The end of day is somewhere between 4:30 and 6:00 p.m.

HOW THE CLINIC OPERATES:

1. We have 6 regular examination rooms. When there are two clinics running, each physician will see patients from a "bank" of rooms and in the treatment room (4 beds). There are 6 laser/cosmetic/hair rooms that may also be used as regular examination rooms.
2. To ensure optimal patient flow, each examination room has been equipped with a green light on the wall next to the doctor's entrance which you turn **on** in the room when the patient has left the room. Our reception staff then know that the room is no longer occupied (via a board in the reception room) and will re-fill the room accordingly.
3. All biopsies, ulcer treatments, wart treatments, etc., are done in the treatment room. This room is adjacent to the back hall of the examination rooms.
4. Patch-testing is done in the Patch-test room in back. This also serves a the Cover-FX room.
5. Sharp containers are in every room and also at every treatment bed. Please be sure to dispose of all sharps on your tray and do not leave any disposable sharps for the nurses.
6. The hazardous waste disposal bin is in Room 743A (just off of the treatment room)
7. Our main clinic number is 416-480-4908 and our clinic fax number is 416-480-6897.

ROTATION SPECIFIC OBJECTIVES

ROTATION: **Sunnybrook - General Dermatology**

Medical Expert/Clinical Decision-Maker:

1. Clinical Skills:

   By completion of the rotation, the resident/student should be able to:

   a. Obtain a relevant dermatologic history, including details surrounding presenting illness, associated symptoms, pertinent negatives, relevant past medical and dermatologic history, medications, history of drug and other allergies, and family history.
   b. Perform a focused dermatologic physical examination, including skin, mucous membranes and appendages, and be able to accurately describe physical findings by the use of standard morphologic terms.
   c. Organize appropriate laboratory investigations and understand their role in the diagnosis of cutaneous as well as systemic disease.
   d. Attain a basic approach to provisional and differential diagnosis of cutaneous disease by the use of history, physical examination and pertinent investigative procedures.
   e. Attain a basic understanding of the spectrum of dermatologic therapeutic modalities, and the use and complications of electrosurgery, cryotherapy, and immunotherapy.
   f. Be able to formulate an appropriate treatment plan.
   g. Recognize the advantages and disadvantages of alternative courses of action.

2. Technical Skills:

   The resident/student should be able to:

   a. Understand basic indications for cutaneous surgery with regards to diagnosis and therapy.
   b. Understand complications of dermatologic surgical procedures.
   c. Perform aseptic surgical skin preparation and local anesthesia.
   d. Perform techniques such as punch biopsy, and basic suturing, in addition to alternative therapeutic modalities such as cryosurgery.
   e. Acquire technical skills required for the practice of dermatology, including Wood's light examination and obtaining a fungal scraping.

3. Knowledge:

This rotation provides experience in a number of areas that is of value to all residents/students regardless of level of training:

a. To gain experience in diagnosis and management of common skin conditions.
b. To gain experience in diagnosis and management of skin cancer.
c. To gain knowledge and experience in the management of immuno-dermatoses and cutaneous lymphomas including investigations and innovative therapy.
d. To gain knowledge and experience in patients with a wide variety of cutaneous adverse drug reactions.
e. To gain knowledge and experience in the diagnosis and management of patients with allergic contact dermatitis.
f. To understand the basic principles underlying the interpretation of patch testing.
g. To gain exposure and experience with problems in Geriatric Dermatology.

Communicator:

Residents/students should endeavor to:

a. Communicate effectively and show respect toward patients and their families, medical colleagues and other health care professionals.
b. Ensure thorough and clear communication with medical colleagues, particularly the referring physician.
c. Ensure legible and complete written communication.
d. Counsel patients about preventative aspects of skin diseases, and where appropriate, provide written and/or visual materials to supplement verbal teaching.

Collaborator:

Residents are expected to:

a. Provide instruction to medical students and more junior physicians at a level appropriate to their clinical education and professional competence.
b. Act as educators to other physicians and health care personnel, patients and the public. Interact in a collegial manner with all team members.

Residents/students are expected to:

a. Interact in a collegial manner with all team members.

Manager:

Residents/students will appreciate that:

a. For the optimal treatment of certain patients with skin disease, a team approach is necessary. Members of the team may include nurses, administrative staff, clinic support and secretarial staff.
b. Effective time management includes meeting clinical responsibilities and punctuality.

Residents/students will endeavor to:

a. Proficiently use information technology to optimize patient care and continuing education.
b. Maintain complete and accurate medical records.

Health Advocate:

Residents/students should:

a. Learn to educate and counsel patients about determinants of skin disorders and about methods for prevention and detection of skin disease.

Scholar:

Residents/students should:

a. Learn to efficiently identify and retrieve relevant and valid dermatology resources for solving specific clinical issues or problems.

Professional:

Residents/students should endeavour to:

a. Deliver highest quality care with integrity, honesty and compassion.
b. Show appropriate respect for the opinions of fellow consultants and referring physicians.
c. Maintain and enhance current skills through continuing medical education.

EXPECTATIONS OF THE RESIDENT/STUDENT

1. Academic:

As part of your educational experience, you will be expected to read around cases that you have seen in the clinic and investigate pertinent up-to-date literature as necessary.

a. The resident /student will attend the following teaching rounds:

i) Dermatology Basic Science Rounds, Sunnybrook Hospital, Tuesday 8:00 am to 9:00 am. (September to June)
ii) Patient Viewing Rounds, Sunnybrook Hospital quarterly (last Tuesday of the month) at 7:45 am to 9:00 am. (September to June)
iii) Citywide Grand Rounds and Teaching sessions, every Friday from 12:00 pm to 2:00 pm at the Women's College Hospital (optional)

2. Clinical Responsibilities:

A. CLINIC:

You will attend all scheduled clinics and be present at the start of each clinic. A schedule of all of the different clinics will be provided to you at the start of the rotation. You will be assigned to specific clinics on specific days depending on the needs of both the clinic and the learner. You will have the oppportunitiy to work with the different staff members in their clinics. If you have completed your evaluation of a patient and you are waiting to review with staff, DO NOT start seeing the next patient. Keep a list of all patients you have seen who have had biopsies, excisions, patch tests or other important investigations so that you can follow up on their results.

Personal phone calls (unless in an emergency) should not be placed or accepted during clinic hours. Similarly, texting during patient encounters and reviewing is not acceptable.

RESIDENT EVALUATION

The Goals and Objectives for this rotation are included with this information package. You should review this document at the beginning and mid-point of your rotation in order to monitor your progress towards meeting them.

1. Verbal feedback will be given at the mid-point of the rotation and will also be given at the end of most clinics.

2. A written end of rotation evaluation will be completed which will include input of the staff dermatologist(s) with whom you have worked. All residents should have face to face feedback prior to the end of the rotation.

PATIENT INTERACTIONS

1. Always introduce yourself to the family and explain that you are training with a staff person and that the staff will be seeing them after reviewing your findings.
2. Do not feel pressured to answer questions you don't feel qualified to answer. Explain that you are gathering information and that there will be a more complete discussion and questions will be answered when the staff comes in. More senior residents may feel more comfortable answering questions or providing advice. This is fine just let your staff know what you have told them.
3. Once you learn our standard routines and are comfortable reviewing this with patients then go ahead. Just make sure to tell staff what you have already covered.
4. We may be running late. It is often unavoidable. If we're running late, apologize to the patient/parent. An acknowledgement that their time is valuable is often all they want.
5. Always offer to examine an older pre-teen or teen privately without their parent.

MEDICAL RECORD DOCUMENTATION

1. Make sure all chart entries are dated.

2. Write legibly and press hard enough on the paper so that a clear copy is generated. A copy of all of the clinic notes remains in our charts and the original with go to medical records to become part of the hospital chart.

3. A **new consult** must include the following:
   a. Presenting complaint
   b. Occupation
   c. History of presenting complaint
   d. Past Medical History
   e. Allergies
   f. Medications including herbal preparations, supplements
   g. Relevant review of systems
   h. Relevant family History
   i. Relevant social History
   j. Who has accompanied the patient into the room.

4. A **follow up** must include the following:
   a. When the patient was last seen in the clinic
   b. Working diagnosis
   c. Check directly with the patient what medications they are <u>actually</u> taking for their skin condition and record them.
   d. What has changed with their condition since the last appointment
   e. Any problems with the condition or therapy
   f. A general review of medications/supplements, allergies and medical history should be documented yearly.

5. For both **new and follow up** patients you must clearly document what the plan is:
    a. Any referrals to other services should be noted
    b. Specify medications by name, whether cream or ointment, percentage of medication if appropriate, number of times per day, dosage if oral medication and how much was given and any repeats.
    c. Document when follow-up should occur.
    d. Briefly note any discussion you've had with patients/accompanying person(s) including preventive measures and if handouts were given.
    e. Sign your note at the bottom and print your name and training level under your signature.

6. A full body skin examination should be offered yearly to any patient in whom it is clinically indicated (multiple nevi, history of skin cancer, patient on immunosuppressive medications, etc.,).

7. Provide a description and measurement of any clinically important lesions.

8. Always document discussions of informed consent, whether it is for a surgical procedure, starting a new medication, etc. Major possible side-effects discussed should be documented in the chart (e.g. prednisone side-effects reviewed, especially AVN).

Be sure to record any new information that is uncovered in the discussion between the staff dermatologist, the patient and you.

SUNNYBROOK DERMATOLOGY
SCHEDULE OF ALL CLINICS

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
a.m.	DeKoven Walsh Lansang Donovan Al'Harithy	Assaad Walsh Lansang Baibergenova	Walsh Lansang Alhusayen	Walsh Shear Baibergenov a	DeKoven Shapiro Alhusayen
p.m.	DeKoven Pon Donovan	Yeung Alhusayen Baibergenova Al'Harithy	Shear Walsh Alhusayen	Pon Alhusayen Baibergenov a	
Laser and cosmetic	Pon (a.m.)	Yeung (a.m.) (twice a month)	Dekoven (a.m.)	Pon (a.m.) Bargman (p.m)	Pon (all day)

Please check with reception staff regarding changes in physician's schedule, etc.

There will also be opportunities to participate in monthly multi-disciplinary skin lymphoma clinics at the Sunnybrook Odette Centre (these dates will vary).

How to Write a Prescription in Dermatology

One of the areas that many residents struggle with at the beginning of a rotation is how to write prescriptions properly (without the pharmacy having to send back the prescription for clarification).

For a prescription to be valid, it must contain each of the following:

1) The date.
2) The patient's name (narcotic and controlled prescriptions must also have the patient's health card number).
3) The drug name.
4) The dosage of the drug and format of the drug.
5) How the drug is to be taken.
6) The total amount to be dispensed.
7) The prescriber's name and signature.
8) Narcotic and controlled prescriptions must also have the prescriber's CPSO number.

Number of repeats (if any) should also be documented on the prescription (although this is not a requirement).

All prescriptions written must also be documented in the chart:
Name of drug, directions, quantity prescribed and number of refills given.

Topical Medications:

Some topical formulations come in specific trade sizes and it is often difficult to keep straight the total grams or total volume in the tubes or bottles. One way around this is to request a small or a large "trade size tube". This works only for specific medications that have a "trade size". Many of the generic creams, etc., are bought in bulk by the Pharmacy and are then dispensed in the prescribed quantities. When trying to estimate the amount the patient will need, remember that 30 grams of a cream, ointment, gel or paste covers the entire body once.

Examples:
Nerisone oily cream
Sig.: Apply bid to affected areas of the body prn
Mitte: 1 large trade size
Repeats x1

Lyderm gel
S: Apply bid to palms and soles prn
M: 1 large tube
Repeats x2

Ectosone 0.1% lotion
Apply qhs to the scalp prn
M: 1 large bottle
Repeats x2

Retisol A 0.025% cream
Apply qhs to forehead
M: 1 large trade size tube
Repeats x3

As mentioned, some topical formulations that are purchased by the Pharmacy in bulk and dispensed as per the physician's orders.

Example:
Betamethasone valerate 0.1% ung (ointment)
Apply bid to affected areas of the body prn
M: 200 grams
Repeats x1

Topical Compounded Medications:

Many medications can be compounded into creams, ointments, lotions or pastes:
Liquor carbonis detergens (LCD)
Salicylic acid
Menthol
Camphor
Antibiotic powders (erythromycin, clindamycin, metronidazole)
Hydrocortisone powder

You will need to give the amount (or percentage) that needs to be compounded and the total amount of base prescribed. Try not to use abbreviations when compounding. Remember that when you compound, you can no longer prescribe "one large trade size".

Examples:
2% hydrocortisone powder in canesten cream
Apply bid to affected areas of face prn
M: 60 grams

3% erythromycin powder in 2.5% Emocort lotion.
Apply to affected area on beard after shaving prn.
M: 60 cc.
Repeats x2.

¼% menthol and ¼% camphor in betamethasone valerate 0.05% cream
Apply bid to itchy areas on the body prn
M: 454 grams
Repeats x2.

3% salicylic acid and 10% liquor carbonis detergens (LCD) in nerisone oily cream. Apply to affected areas on trunk and legs qhs prn
M: 150 grams.
Repeats x1.

40% salicylic acid and 20% urea in white petrolatum
Apply to warts qhs and cover with duct tape
M: 50 grams
Rx2

Although more expensive, the base can also be a mixture and then the powder medications can be added to this mixture.

Examples:
6% hydroquinone powder and 2% kojic acid in equal parts retisol A 0.025% cream and Betamethasone valerate 0.05% cream with 600 mg of ascorbic acid.
Apply to pigmented areas on face qhs prn
M: 30 grams
Repeats x5.

5% metronidazole powder in equal parts clindasol cream and elidel cream.
Apply to affected areas of face bid prn.
M: 30 grams
Repeats x2.

Oral Medications:

When writing a prescription for a systemic medication, ensure that the name of the medication is clear and that you give the tablet/capsule size, how the patient should take the medication, a total supply to give the patient and any refills.

Examples:
Azathioprine 50 mg tablets
50 mg po qam and 100 mg po qhs
M: 270 tablets
Repeats x1

Cellcept 500 mg tablets
Two tablets po bid
M: 240 tablets
Repeats x1

Cyclophosphamide (Procytox) 50 mg tablets
100 mg po qam
Patient to drink 2-3 litres of liquid during the day after taking tablets
M: 180 tablets.

Clarus 40 capsules
40 mg po qd alternating with 80 mg po qd
(total mean dose is 60 mg)
M: 180 capsules
No repeats

For some medications, we give a tapering schedule for the dosage. This can be done in different ways, but should always conform to the basic principles above.
Example:
Prednisone 5 mg tablets
70 mg po qam x 4/52, then decrease dosage by 5 mg every 2 weeks until at zero.
Please provide patient with tapering calendar.

Intralesional or Intramuscular Medications:

We will often prescribe triamcinolone acetonide for the patient to pick up and bring in for injections (intralesional or intramuscular).
Examples:

Triamcinolone acetonide (Kenolog) 10mg/mL
For injection by MD.
M: 5 cc
Repeats x2

Triamcinolone acetonide (Kenolog) 40 mg/mL
For injection by MD.
M: 5 cc
Repeats x1

Narcotic Medications:

Extreme care needs to be taken with narcotic medications due to the potential for abuse by the patients. Safety features include keeping specific prescription pads for narcotic use that are not kept in the rooms, and spelling out a total number of pills/tablets/patches. Repeats cannot be given blindly for narcotics, but must be spelled out with a specific dispensing interval. Narcotic prescriptions cannot be called into Pharmacies (a specific written prescription must be faxed to them).

Examples:
Tylenol #3
1-2 tablets po q4-6 h prn
M: 50 (fifty) tablets.

Morphine sulphate 5 mg tabs
5-10 mg po q6h prn for breakthrough pain
M: 100 (one hundred) tablets

MS-Contin 15 mg tablets
15 mg po bid
M: 60 (sixty) tablets

Fentanyl 25 ug patches
25 ug patch q72 hours
M: Pharmacy can dispense 10 (ten) patches each month for 3 months (total 30 patches).

New guidelines for narcotics require that the patient's full name and health card number be on the prescription and that your CPSO number also be on the prescription.

If you have any questions at all, ask your staff!