1. Basic dermatology concepts:
   1.1. Skin history, examination
       1.1.1. Explain the indications for a total body skin exam
       1.1.2. Discuss the key questions that make up a dermatologic history
       1.1.3. Develop a systematic approach to the skin examination
       1.1.4. Develop an integrated approach to the skin examination
       1.1.5. Recognize the need for patient comfort and modesty during the total body skin exam
       1.1.6. Perform supervised full body skin examinations in a clinical setting
   1.2. Basic science
       1.2.1. Gain familiarity with skin functions and how relevant dysfunction contributes to disease
       1.2.2. Approach dermatologic disease with an understanding of basic skin structure and microanatomy
   1.3. Morphology
       1.3.1. Develop a systematic approach to describing skin eruptions
       1.3.2. Communicate skin examination findings using appropriate dermatologic terms
   1.4. Dermatologic therapies
       1.4.1. Estimate the amount of topical medication needed for therapy based on frequency of application and body surface area involved
       1.4.2. Match individual topical steroids to their potency class
       1.4.3. Choose appropriate strengths of topical steroids based on age, body location and severity of dermatitis
       1.4.4. List side effects of prolonged use of topical steroids

2. Inflammatory disorders:
   2.1. Acne
       2.1.1. Identify and describe the morphology of acne
       2.1.2. Discuss the pathogenesis of acne
       2.1.3. Explain the basic principles of treatment for acne
       2.1.4. Recommend an initial treatment plan for a patient presenting with comedonal acne
       2.1.5. Recommend an initial treatment plan for a patient presenting with inflammatory acne
       2.1.6. Practice providing patient education on topical and systemic acne treatment
       2.1.7. Determine when to refer to a patient with acne to a dermatologist
   2.2. Rosacea
       2.2.1. Identify and describe the morphology of rosacea
       2.2.2. List common triggers for intermittent flushing in rosacea
       2.2.3. Explain the basic principles of treatment for rosacea
       2.2.4. Determine when to refer to a patient with rosacea to a dermatologist
   2.3. Atopic dermatitis
       2.3.1. Identify and describe the morphology of atopic dermatitis
       2.3.2. Recognize that superficial infections often complicate atopic dermatitis
       2.3.3. Recommend an initial treatment plan for a child with atopic dermatitis
       2.3.4. Provide patient/parent education about daily skin care for a child with atopic dermatitis
       2.3.5. Determine when to refer a patient with atopic dermatitis to a dermatologist
   2.4. Contact dermatitis
       2.4.1. Identify and describe the morphology of contact dermatitis
       2.4.2. Distinguish allergic contact dermatitis from irritant contact dermatitis
       2.4.3. Recommend an initial treatment plan for a patient with allergic or irritant contact dermatitis
       2.4.4. Determine when to refer a patient with contact dermatitis to a dermatologist
   2.5. Pityriasis rosea
       2.5.1. Identify and describe the morphology of pityriasis rosea
       2.5.2. Recall the typical duration of symptoms in pityriasis rosea
       2.5.3. Determine when to refer to a patient with a red, scaly rash to a dermatologist
   2.6. Psoriasis
       2.6.1. Identify and describe the morphology of psoriasis
       2.6.2. Describe associated triggers or risk factors for psoriasis
       2.6.3. Describe the clinical features of psoriatic arthritis
       2.6.4. Explain the basic principles of treatment for psoriasis
       2.6.5. Discuss the emotional and psychosocial impact of psoriasis on patients
       2.6.6. Determine when to refer a patient with psoriasis to a dermatologist
   2.7. Seborrheic dermatitis
       2.7.1. Identify and describe the morphology of seborrheic dermatitis
       2.7.2. Recommend an initial treatment plan for a patient with seborrheic dermatitis
       2.7.3. Determine when to refer a patient with seborrheic dermatitis to a dermatologist
3. Infections and Infestations

3.1. Warts
   3.1.1. Identify and describe the morphology of various types of warts
   3.1.2. Discuss the pathogenesis of warts
   3.1.3. Develop an initial treatment plan for a patient with warts
   3.1.4. Describe the technique of cryotherapy
   3.1.5. List the side effects of cryotherapy

3.2. Molluscum contagiosum
   3.2.1. Identify and describe the morphology of molluscum contagiosum
   3.2.2. List treatment options for molluscum contagiosum
   3.2.3. Provide patient education about molluscum contagiosum
   3.2.4. Determine when to refer a patient with molluscum contagiosum to a dermatologist

3.3. Superficial dermatophytoses
   3.3.1. Identify and describe the morphologies of superficial fungal infections
   3.3.2. Practice performing the KOH examination and interpreting the results
   3.3.3. Recognize the use and limitations of the KOH examination and fungal cultures to diagnose dermatophyte infections
   3.3.4. Recommend an initial treatment plan for an adult with tinea pedis
   3.3.5. Recommend an initial treatment plan for a child with tinea capitis

3.4. Tinea (pityriasis) versicolor
   3.4.1. Identify and describe the morphology of tinea versicolor
   3.4.2. Choose a KOH examination to confirm the diagnosis of tinea versicolor
   3.4.3. Practice performing KOH examination and interpreting results
   3.4.4. Recommend an initial treatment plan for a patient with tinea versicolor

3.5. Candidiasis
   3.5.1. Identify and describe the morphology of diaper candidiasis and candidal intertrigo
   3.5.2. Recognize the utility of KOH examination and fungal culture to detect Candida species
   3.5.3. Recommend an initial treatment plan for a patient with diaper candidiasis
   3.5.4. Recommend an initial treatment plan for a patient with candidal intertrigo

3.6. Herpes simplex and herpes zoster
   3.6.1. Identify and describe the morphology of herpes simplex and herpes zoster
   3.6.2. Recommend an initial treatment plan for a patient with herpes simplex infection
   3.6.3. Recommend an initial treatment plan for a patient with herpes zoster infection

3.7. Impetigo
   3.7.1. Identify and describe the morphology of impetigo
   3.7.2. Discuss the basic principles of treatment for impetigo

3.8. Cellulitis and erysipelas
   3.8.1. Identify and describe the morphology cellulitis and erysipelas
   3.8.2. Discuss the bacterial etiologies of cellulitis and erysipelas
   3.8.3. Recommend an initial treatment plan for a patient with cellulitis

3.9. Furuncles, abscesses, and MRSA
   3.9.1. Identify and describe the morphology of follicular bacterial infections and abscesses
   3.9.2. Recognize clinical patterns and risk factors that suggest MRSA
   3.9.3. Recommend an initial treatment plan for patients with these common cutaneous bacterial infections

3.10. Necrotizing fasciitis
   3.10.1. Recognize characteristic features of necrotizing fasciitis
   3.10.2. Recognize the need for emergent treatment, including surgical intervention

3.11. Scabies
   3.11.1. Identify and describe the morphology of scabies
   3.11.2. Identify risk factors for scabies
   3.11.3. Select skin scraping as the diagnostic test of choice for scabies
   3.11.4. Recommend an initial treatment plan for a patient with scabies
   3.11.5. Provide patient education for a patient with scabies

3.12. Lice (pediculosis)
   3.12.1. Identify nits and adult lice as diagnostic of pediculosis
   3.12.2. Recognize risk factors for lice infestation
   3.12.3. Recommend an initial treatment plan for a patient with pediculosis capitis
   3.12.4. Provide patient/parent education for a patient with pediculosis capitis
4. **Reactive disorders and drug eruptions**

4.1. **Venous stasis dermatitis and leg ulcers**
   - Identify and describe the morphology of stasis dermatitis
   - List the most frequent causes of leg ulcers and describe their clinical presentations
   - Describe treatment and preventative measures for stasis dermatitis
   - Describe proper wound care and treatment for leg ulcers
   - Distinguish stasis dermatitis from lower extremity cellulitis
   - Determine when to refer a patient with leg ulcers to a specialist

4.2. **Petechiae, Purpura, Vasculitis**
   - Identify and describe the morphology of petechiae and purpura
   - Outline an initial diagnostic approach to petechiae or purpura
   - Recognize patterns of petechiae that are concerning for life-threatening conditions
   - Recognize palpable purpura as the hallmark lesion of leukocytoclastic vasculitis
   - Name the common etiologies of vasculitides according to size of vessel affected
   - Determine when to refer a patient with petechiae and purpura to a dermatologist

4.3. **Urticaria**
   - Identify and describe the morphology of urticaria
   - Distinguish between acute and chronic urticaria
   - Recommend an initial treatment plan for a patient with acute or chronic urticaria
   - Recognize the signs and symptoms of anaphylaxis

4.4. **Viral exanthems**
   - Recognize morbilliform eruption as typical of viral exanthems
   - Describe classic presentations of distinctive pediatric viral exanthems

4.5. **Drug eruptions**
   - Identify and describe the morphology of common drug eruptions
   - List key features of Stevens-Johnson syndrome and toxic epidermal necrolysis
   - List key features of drug-induced hypersensitivity syndrome (drug reaction with eosinophilia and systemic symptoms)
   - Describe initial steps in management for drug eruptions
   - Determine when to refer a patient with a drug eruption to a dermatologist

5. **Neoplasms**

5.1. **Actinic keratosis**
   - Identify and describe the morphology of actinic keratoses
   - List common first-line treatments for actinic keratoses

5.2. **Basal cell carcinoma**
   - Identify and describe the morphology of basal cell carcinoma
   - Refer patients with skin lesions suspicious for non-melanoma skin cancer for biopsy

5.3. **Squamous cell carcinoma**
   - Identify and describe the morphology of squamous cell carcinoma
   - Recognize high risk factors for development of squamous cell carcinoma
   - Refer patients with skin lesions suspicious for non-melanoma skin cancer for biopsy

5.4. **Malignant melanoma**
   - Identify and describe the morphology of melanoma
   - Identify patients who need frequent total body skin examinations based on risk factors for melanoma
   - Recall prognostic factors in melanoma survival
   - Practice providing patient education on the ABCDEs of melanoma and self skin examinations
   - Refer patients with skin lesions suspicious for melanoma to dermatology

5.5. **Benign melanocytic nevi**
   - Identify and describe the morphology of benign melanocytic nevi
   - Identify morphologic features of atypical nevi

5.6. **Common benign conditions**
   - Identify and describe the morphology of seborrheic keratoses, acrochordons, cherry angiomas, dermatofibromas, solar lentigines, sebaceous hyperplasia, keloids, epidermal inclusion cysts, milia, pilar cysts and lipomas
   - Recommend management options of these lesions as appropriate

6. **Sun safety**
   - Identify and describe morphologic features of chronic sun damage
   - Recall history of tanning bed use and extensive sun exposure are risk factors for skin cancer
   - Provide patient education on sun safety and sunscreen use