



Objectives: Skin Conditions

1. In a patient presenting with a skin lesion, distinguish benign from serious pathology (e.g. melanoma, pemphigus, cutaneous T-cell lymphoma) by physical examination and appropriate investigations (e.g. biopsy or excision).
2. In patients with presenting with common skin conditions, including but not limited to, acne, psoriasis, eczema, atopic dermatitis, impetigo, molluscum contagiosum, scabies, seborrheic dermatitis, herpes zoster, herpes simplex or fungal/tinea infections, diagnose via physical examination and treat accordingly.
3. In patients presenting with cutaneous manifestations of a systemic disease or condition (e.g. lupus, drug reaction), consider the diagnosis of systemic disease and confirm it through history, physical examination and appropriate investigations.
4. Diagnose and promptly treat suspected life-threatening dermatologic emergencies (e.g. Stevens-Johnson syndrome, invasive cellulitis, necrotizing fasciitis).
5. Diagnose and excise (or refer if needed) common “lumps and bumps” including sebaceous cysts, lipomas or abscesses.
6. In patients with risk for ulcers (e.g. diabetics, bed bound, wheelchair bound, peripheral vascular disease), examine the skin and provide appropriate wound care.
7. In patients being treated for a new or persistent skin condition (e.g. acne, psoriasis), determine the impact on the patient’s personal and social life.