APPENDIX 33.

COMPETENCY CURRICULUM FOR
DERMATOLOGY ASSISTANT

APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

AUGUST 31, 1974

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OFFICE OF NAVAL RESEARCH
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Bureau of Medicine and Surgery (Code 71G)
The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system-wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50
currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.
The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "... expressed in behavioristic terms ..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed needs. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility test and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "... precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.
Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated) response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be reapplied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority of all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.
Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.
Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.
The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in the Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system up-dating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.
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COMPETENCY UNIT I: LABORATORY PROCEDURES

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Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit I: Laboratory Procedures

MODULE 1: FUNGUS TESTING (PERIODIC ACID STAIN)

TASKS
a. Prepare spore stained specimens
b. Test for fungus using staining techniques

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with a suspected fungal disease
(Behavior) The DERMA will prepare a slide with test material and stain with previously prepared PAS solutions
(Conditions) Using PAS tape, slide, periodic acid, distilled water, Coleman's solution, and light green PAS stain
(Consequence) Preparation of a slide with stained fungal elements (lypha and spores) to establish a diagnosis of fungal disease
(Next Action) Record results and return patient to physician

KNOWLEDGES AND SKILLS

Recognition of fungal diseases
Techniques for preparing a specimen
Principles and techniques of PAS staining
Use of balance
Use of microscope
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit I: Laboratory Procedures

MODULE 2: FUNGUS TESTING (KOH)

TASKS
a. Test for fungus by KOH

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with a suspected fungal disease
(Behavior) The DERMA will prepare a slide with test material and apply potassium hydroxide solution (KOH)
(Conditions) Using knife handle and blade, slide, potassium hydroxide, coverslip, bunsen burner and microscope
(Criteria) Adequate skin scrape specimen
(Consequence) Production of a slide with fungal elements (hypha and spores) to establish a diagnosis of fungal disease
(Next Action) Record results and return patient to physician

KNOWLEDGES AND SKILLS

Techniques for preparing a specimen
Basic hyphae morphology
Effects of caustics
Principles and techniques of KOH fungal testing
Use and operation of Brightfield microscope
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit I: Laboratory Procedures

MODULE 3: BACTERIAL STAINING TECHNIQUES

TASKS
a. Prepare routine stains
b. Prepare Tzanck smears
c. Prepare smears for microscopic analysis
d. Prepare stained specimens using cellular stain, e.g., Gram
e. Test for the presence of bacteria in tissue/cells
f. Examine urethral smears for gonococcus
g. Identify bacteria by staining methods

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with a suspected cutaneous bacterial infection
(Behavior) The DERMA will prepare Gram and Wright's stains, obtain specimen, smear on slide, stain and identify organism
(Conditions) Without supervision; using slides, staining manual, bunsen burner, loops, microscope
(Criteria) A stained slide with identifiable bacterial elements prepared from an adequate specimen in less than thirty minutes
(Consequence) Confirmation of a diagnosis of cutaneous bacterial disease
(Next Action) Enter results in log and patient's chart and return to physician

KNOWLEDGES AND SKILLS

- Bacterial diseases
- Staining techniques, e.g., Gram, Wright, Tzanck
- Bacterial morphology
- Preparation of smears for microscopic analysis
- Fluorescent microscopy
- Use of microscope
- Use of balance
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit I: Laboratory Procedures

MODULE 4: MYCOLOGY TESTING

TASKS
a. Prepare culture media from basic ingredients, e.g., beef extract
b. Prepare culture media using commercially dehydrated product, e.g., McConkey Agar
c. Prepare quality control cultures
d. Cultivate mycology specimens for primary isolation
e. Test for fungus using culture techniques
f. Identify mycology culture specimens
g. Identify gross and microscopic characteristics of fungi

PERFORMANCE OBJECTIVE
(Stimulus) Having a mycological specimen
(Behavior) The DERMA will obtain specimen from culture bottle, stain and determine type of fungus by gross and microscopic characteristics
(Conditions) Using culture bottle, wire loop, lacto-phenol cotton blue solution, bunsen burner, slides, coverslip, microscope
(Next Action) Record results and report to physician

KNOWLEDGES AND SKILLS
Mycology
Culture preparation techniques
Use of culturing equipment, e.g., incubators, pH meter
COMPETENCY: DERMATOLOGY ASSISTANT (DERMA)

UNIT I: Laboratory Procedures

MODULE 5: ECTOPARASITE TESTING

TASKS a. Test for ectoparasites

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with suspected ectoparasites
(Behavior) The DERMA will examine patient and clothing for evidence of infestation (e.g., scratch marks, bite marks), obtain specimen from clothing and/or skin and prepare microscopic slide
(Conditions) Using slides, microscope, KOH, hand lens
(Criteria) Preparation of a specimen of adequate quality for use in diagnosing an identifiable ectoparasitic infection
(Consequence) Confirmation of diagnosis of ectoparasitic infestation
(Next Action) Record results; treat patient

KNOWLEDGES AND SKILLS

Ectoparasitic diseases
KOH techniques
Ectoparasite morphology
Use and effects of caustics
Recognition of signs and symptoms of ectoparasite infestation
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit I: Laboratory Procedures

MODULE 6: RPR SYphilis TESTING

TASKS

a. Test for syphilis using RPR card

PERFORMANCE OBJECTIVE

(Stimulus) When presented with suspected reactive serum
(Behavior) The DERMA will prepare a rapid plasma reagent (RPR) test card with suspected serum, perform a serial dilution and place on a card rotator
(Conditions) Using rapid plasma reagent test card, rapid plasma reagent diagnostic kit, card rotator, rapid plasma reagent log
(Criteria) Leave on card rotator eight minutes; a positive or negative reaction is determined according to the manufactured reference standard
(Consequence) This will determine whether serum is reactive or nonreactive
(Next Action) Record results and treatment

KNOWLEDGES AND SKILLS

Venereal diseases
Basic knowledge of dilutions
Principles and techniques of RPR syphilis testing
Use of RPR diagnostic kit, RPR test card and card rotator
Confidentiality of information obtained through this testing
COMPETENCY UNIT II: TREATMENT

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Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 1: PREPARATION OF DERMATOLOGIC MEDICATIONS

TASKS

a. Prepare dermatologic topical medications, e.g., solutions, soaks, lotions, ointments, pastes, creams

b. Apply topical medications

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with an acute, subacute or chronic dermatologic disease

(Behavior) The DERMA will select and/or formulate, and recommend and/or apply the proper topical medication for the indicated condition, e.g., lotions, pastes, and soaks for acute weeping lesions; creams and ointments for subacute lesions; ointments and/or creams for chronic conditions

(Conditions) Without supervision; using topical medications (e.g., soaks, lotions, pastes, ointments, creams), 4' x 4' old sheet, ace bandages, containers

(Consequence) The proper initial dermatologic disease treatment

(Next Action) Record data

KNOWLEDGES AND SKILLS

Dermatologic formulary
Primary and secondary lesions
Dermatologic diseases and appropriate topical medications
Preparation principles and techniques for dermatologic topical medications
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 2: PARING HYPERKERATOTIC LESIONS

TASKS
a. Trim plantar wart
b. Trim corns/calluses

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with a hyperkeratotic lesion, e.g., plantar wart, callus, corn
(Behavior) The DERMA will pare the hyperkeratotic tissue with a knife blade and apply caustic solution or keratolytic agent to pared lesion
(Conditions) Without supervision; using knife blade and handle, trichloracetic acid, salicylic acid, plaster
(Criteria) Pare and treat lesion with 100% accuracy, e.g., paring not to the point of bleeding, if possible
(Consequence) Treatment of a hyperkeratotic lesion
(Next Action) Record and have patient return in one week

KNOWLEDGES AND SKILLS

- Related anatomy and physiology
- Hyperkeratotic lesions
- Recognition of adverse reactions to acids
- Procedures and techniques for trimming plantar warts, corns and calluses
COMPETENCY: DERMATOLOGY ASSISTANT (DERMA)

UNIT II: TREATMENT

MODULE 3: CRYOTHERAPY

TASKS
a. Prepare carbon dioxide slush
b. Give carbon dioxide slush treatment for acne
c. Freeze wart with liquid nitrogen

PERFORMANCE OBJECTIVE

(Stimulus) When presented with a patient needing cryotherapy
(Behavior) The DERMA will prepare carbon dioxide slush and treat acne patient or obtain liquid nitrogen and treat patient with warts
(Conditions) Without supervision; using solid carbon dioxide, acetone, liquid nitrogen, liquid nitrogen container, applicators
(Criteria) With minimal discomfort to patient
(Consequence) Production of mild erythema from carbon dioxide slush and blanching of skin following liquid nitrogen treatment
(Next Action) Record treatment performed

KNOWLEDGES AND SKILLS

Temperature of carbon dioxide slush and liquid nitrogen
Effects of pressure in cold application
Disease to be treated
Procedures for preparation of carbon dioxide slush
Principles and techniques of carbon dioxide slush and liquid nitrogen treatment
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 4: ULTRAVIOLET THERAPY

TASKS

a. Give ultraviolet treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with acne, psoriasis, pityriasis rosea, or vitiligo for ultraviolet treatment

(Behavior) The DERMA will give ultraviolet treatment

(Conditions) Using ultraviolet light source (e.g., hot quartz, black light bulbs, light box), table measuring devices, ruler, protective goggles, drapes

(Criteria) With minimal patient discomfort; avoiding burning, peeling, etc., by beginning ultraviolet treatment at minimal exposure and gradually increasing dosage

(Consequence) Improvement in patient's condition, clinical diagnosis

(Next Action) Log results

KNOWLEDGES AND SKILLS

Dermatologic diseases which are treated with ultraviolet therapy
Principles and techniques of ultraviolet light therapy
Safety precautions and hazards/side effects of ultraviolet therapy
Function and operation of ultraviolet equipment
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 5: CHEMOTHERAPY

TASKS

a. Cauterize bleeders with chemical, e.g., silver nitrate
b. Treat warts with chemical agent, e.g., trichloracetic acid

PERFORMANCE OBJECTIVE

(Stimulus) When presented with a patient for chemotherapy
(Behavior) The DERMA will treat plantar warts with trichloracetic acid after they have been pared; cauterize bleeders with silver nitrate, e.g., in minor surgery
(Conditions) Without supervision; using silver nitrate stick, trichloracetic acid applicator
(Criteria) Treatments performed with 100% proficiency
(Consequence) Treatment of warts with trichloracetic acid and/or cauterization of bleeders with silver nitrate
(Next Action) Record treatment and arrange for patient follow-up

KNOWLEDGES AND SKILLS

Adverse effects of caustic agents on skin
Diseases treated
Procedures for application of silver nitrate and trichloracetic acid
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 6: TOPICAL MEDICATIONS

TASKS
a. Prescribe treatment for acne
b. Prescribe pediculicides/scabicides, e.g., Kwell
c. Prescribe corticosteroid ointments
d. Prescribe treatment for herpes labialis
e. Apply topical medication to mucosal tissue, e.g., oral, eye, stoma
f. Apply dehydrating agent to herpes labialis

PERFORMANCE OBJECTIVE

(Stimulus) When given a patient with acne, pediculosis, mucosal inflammation, herpes simplex or other condition requiring occlusive therapy

(Behavior) The DERMA will evaluate the patient's condition and prescribe the medication indicated for the condition(s), e.g., degreasing and peeling agents for acne, scabicides for scabies, topical steroids for mucosal irritations, lidaform or alcohol for herpes simplex, occlusive dressings for chronic pruritic conditions (psoriasis, neurodermatitis)

(Conditions) Using topical medications, dressings, containers

(Consequence) Correct treatment of the conditions noted and improvement in the patient's condition

(Next Action) Record data; follow up patient

KNOWLEDGES AND SKILLS

Recognition of dermatologic diseases and appropriate topical medications for their treatment

Procedures for application of topical medications
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 7: ELECTROSURGERY

TASKS

a. Cauterize bleeders with electric cautery (Bovie)

PERFORMANCE OBJECTIVE

(Behavior) The DERMA will ground the patient, set Bovie at level recommended by physician, and cauterize bleeders during a minor surgical procedure
(Conditions) Without supervision; using a Bovie cautery
(Criteria) The DERMA should be able to operate cautery apparatus effectively in minor surgery
(Consequence) Cauterization of bleeders during minor surgical procedures, stopping superficial oozing from surgical site
(Next Action) Record information and return patient to physician

KNOWLEDGES AND SKILLS

Operation of Bovie cautery apparatus
Electrical safety procedures
Principles and techniques of electric cauterization
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 8: X-RAY AND GRENZ-RAY TREATMENT

TASKS  a. Assist physician in giving x-ray and Grenz-ray treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of a patient with a skin malignancy for x-ray treatment or a patient with chronic dermatosis for Grenz-ray treatment

(Behavior) The DERMA will log in the patient, position, shield those areas not to be treated and assist the physician in treating patient

(Conditions) Without supervision, but with dosage, duration of treatment and filtration determined by the physician; using table, logs, x-ray and Grenz-ray machines, lead shielding

(Criteria) Without adverse effects to the patient and with improvement in the patient's condition

(Consequence) Treatment of the skin condition with ionizing radiation

(Next Action) Record results; arrange for patient follow-up

KNOWLEDGES AND SKILLS

Dermatologic diseases treated with x-ray or Grenz-ray
X-ray and Grenz-ray safety procedures, e.g., proper shielding techniques
Proper patient positioning
Use and operation of x-ray and Grenz-ray equipment
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 9: SALABRASION

TASKS  a. Remove tattoo by salabrasion

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of a patient for tattoo removal
(Behavior) The DERMA will prep the site and remove tattoo by salabrasion
(Conditions) Without supervision; using table salt, tap water, 4 x 4's
(Criteria) Salabrasion performed with 100% accuracy
(Consequence) A thoroughly abraded tattoo which will fade in weeks to come
(Next Action) Record data and arrange for patient follow-up

KNOWLEDGES AND SKILLS

- Related anatomy and physiology
- Techniques of salabrasion
- Prep procedures for salabrasion, i.e. shaving
COMPETENCY: DERMATOLOGY ASSISTANT (DERMA)

UNIT II: Treatment

MODULE 10: ACNE SURGERY

TASKS
a. Extract sebaceous material from comedo
b. Extract sebaceous material from cyst

PERFORMANCE OBJECTIVE
(Stimulus) Given a patient with acne
(Behavior) The DERMA will prep the area to be treated with alcohol or acetone and remove the sebaceous material from comedo or cyst by applying pressure
(Conditions) Without supervision; using comedo extractor, knife blade and handle, 4 x 4's, alcohol, dressings
(Criteria) Complete removal of sebaceous material from comedo or cyst to the point of slight bleeding or so that there is no more material which can be removed
(Consequence) Improvement of acne condition and elimination of comedos and cysts
(Next Action) Record results; follow up on patient

KNOWLEDGES AND SKILLS
Principles and procedures for surgical treatment of acne
Post-surgical care
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit II: Treatment

MODULE 11: DESENSITIZATION

TASKS
a. Prepare/mix desensitization sera from commercial preparations
b. Desensitize patient with allergy

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with an allergic disease, e.g., allergic contact sensitization--RHUS
(Behavior) The DERMA will prepare the desensitizing antigen and desensitize patient
(Conditions) Without supervision; using needles, syringe, antigen, diluent epinephrine, tourniquet, vials, alcohol, 4 x 4's, injectable steroids
(Criteria) Sera prepared according to manufacturer's directions; desensitization therapy begun at the minimal concentration and given at an intradermal site; patient observed for at least thirty minutes following desensitization for symptoms of any untoward reaction
(Consequence) Desensitization of a patient with an allergic disease so that the patient will be less reactive or negative when introduced or in contact with his particular antigen
(Next Action) Record results; arrange for patient follow-up

KNOWLEDGES AND SKILLS

Preparation of desensitization sera from commercial preparations
Contact dermatitis
Recognition and management of untoward reaction to injected antigens
Principles and techniques of allergy desensitization
Competency: DERMATOLOGY ASSISTANT (DERMA)

COMPETENCY UNIT III: PATIENT INSTRUCTION

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Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit III: Patient Instruction

MODULE 1: PREVENTIVE DERMATOLOGIC CARE

TASKS
a. Instruct patient in preventive care of finger and toenail abnormalities
b. Explain preventive/corrective measures for dermatitis
c. Explain/answer questions about venereal disease, e.g., prevention, symptoms

PERFORMANCE OBJECTIVE
(Stimulus) When presented with a patient for instruction in preventive dermatologic care
(Behavior) The DERMA will instruct the patient, explaining the preventive/corrective measures of good dermatologic care
(Conditions) Without supervision
(Criteria) Effective communication with patient, explaining preventive and corrective measures of his specific dermatologic disorder
(Consequence) A patient who is informed about his treatment and any other corrective measures which may be needed

KNOWLEDGES AND SKILLS
Preventive care of finger and toenail abnormalities
Personal hygiene
Preventive/corrective procedures for dermatitis, venereal disease
Tact
Effectiveness and clarity in communication
Instructional techniques
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit III: Patient Instruction

MODULE 2: DERMATOLOGIC TREATMENT PROCEDURES

TASKS
a. Explain ultraviolet light therapy to patient
b. Explain Grenz-ray therapy procedures to patient
c. Explain minor surgical procedure/operation to patient
d. Elicit information to ascertain patient's understanding/acceptance of illness/treatment

PERFORMANCE OBJECTIVE
(Stimulus) Upon patient inquiry
(Behavior) The DERMA will explain the nature of the procedure in terms the patient can understand, reassure the patient and reinforce the physician's instructions
(Conditions) Without supervision; using teaching aids, e.g., books, procedure manuals, slides
(Consequence) The patient will be informed, reassured, comforted, and will undergo treatment with less anxiety
(Next Action) Treat patient

KNOWLEDGES AND SKILLS

Procedures to be performed
Effects and side effects of treatment
Use of ultraviolet light and Grenz machines
Biopsy techniques
Sterile technique
Tact
Techniques for clear and effective communication
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit III: Patient Instruction

MODULE 3: INSTRUCTION IN SELF-ADMINISTRATION OF MEDICATIONS

TASKS

a. Teach patient self-administration of medications

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's request
(Behavior) The DERMA will instruct the patient in the correct dosage, mode of administration and storage requirements for the specified medication(s)
(Conditions) Without supervision; using the medication
(Criteria) Accurate and concise instruction on self-medication; effective patient communication
(Consequence) Patient able to self-administer required medication(s); prevention of hazardous complications arising from misuse of medication

KNOWLEDGES AND SKILLS

Application and administration of medications
Side effects of prescribed drugs
Instructional and communication techniques
Competency:  DERMATOLOGY ASSISTANT (DERMA)

COMPETENCY UNIT IV:  DERMATOLOGIC SURGERY

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Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit IV: Dermatologic Surgery

MODULE 1: INSTRUMENT PREPARATION

TASKS
a. Make up sterile trays
b. Package (wrap/date/label) sterile supplies

PERFORMANCE OBJECTIVE

(Stimulus) When responsible or upon request to make up sterile
minor surgery trays and sterile packs

(Behavior) The DERMA will prepare, package, wrap, date, label
and sterilize surgical instruments, 4 x 4's, eyesheets,
towels and biopsy packs

(Conditions) Using a knife handle, suture scissors, iris
scissors (curved and straight), hemostats (curved
and straight), forceps (Addison and eye), 4 x 4's,
eyesheets, sterile towels, autoclave

(Consequence) Instruments cleaned, wrapped, labeled, dated and
sterilized and ready for use in a surgical procedure

(Next Action) Store instruments in appropriate locker

KNOWLEDGES AND SKILLS

Aseptic technique
Identification of dermatologic instruments
Instruments used in specific procedures
Sterilization procedures
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit IV: Dermatologic Surgery

MODULE 2: PRE-OPERATIVE PROCEDURES

TASKS  
- Establish surgery schedule  
- Complete required forms  
- Select/set up instruments for small packs  
- Set up Mayo stand with instruments

PERFORMANCE OBJECTIVE

(Stimulus) A patient is received for a skin biopsy  
(Behavior) The DERMA will log in the patient after consulting the schedule, complete the required forms and set up selected instruments according to the type of biopsy to be done (punch, excision, curette)  
(Conditions) Using Mayo stand, selected instruments, forms  
(Consequence) A complete and adequate surgical set-up  
(Next Action) Perform the surgical procedure

KNOWLEDGES AND SKILLS

- Surgical instruments and drugs required  
- Surgical procedures to be performed  
- Sterile technique  
- Use of Mayo stand  
- Patient preparation procedures and techniques
COMPETENCY: DERMATOLOGY ASSISTANT (DERMA)

UNIT IV: Dermatologic Surgery

MODULE 3: ANESTHESIA

TASKS
a. Administer tissue infiltration/local anesthetic
b. Apply topical anesthetic

PERFORMANCE OBJECTIVE

(Stimulus) When local anesthesia is required for minor surgery
(Behavior) The DERMA will prepare patient and administer local anesthetic by injection or topical application
(Conditions) Using anesthetic, syringe and needle, alcohol swab
(Criteria) Administered at site of minor surgery until anesthetization is obtained
(Consequence) Patient anesthetized at site of minor surgery
(Next Action) Perform the minor surgery

KNOWLEDGES AND SKILLS

Types of anesthesia
Anatomy and physiology of site to be anesthetized
Principles and techniques of administering anesthetic
Recognition and treatment of adverse reactions to anesthetic
Types of anesthetics
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit IV: Dermatologic Surgery

MODULE 4: BIOPSY AND CURETTAGE

TASKS
a. Perform punch biopsy of skin
b. Perform wedge section biopsy of skin
c. Perform curettage
d. Prepare, label and send biopsy specimens to laboratory

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with a lesion (e.g., skin tumor, inflammatory dermatosis) to be biopsied
(Behavior) The DERMA will perform the indicated surgical procedure, and prepare, label and send specimen to the laboratory
(Conditions) With minimal supervision; using a knife, punch, curette
(Criteria) An adequate specimen is obtained, with minimal discomfort to the patient
(Consequence) A specimen that is diagnostic and/or corrective
(Next Action) Close wound

KNOWLEDGES AND SKILLS

Biopsy and curettage techniques
Sterile technique
Anatomy of the skin
Suturing techniques
Techniques and procedures for preparing and labeling biopsy specimens
Use of biopsy and curettage equipment, e.g., punches, iris scissors, forceps, curettes, needle driver
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit IV: Dermatologic Surgery

MODULE 5: EXCISION OF CYST AND NAIL REMOVAL

TASKS
a. Excise sebaceous cyst/lipoma
b. Incise and drain superficial abscess
c. Remove ingrown nail

PERFORMANCE OBJECTIVE

(Stimulus) Upon presentation of a patient for excision of a sebaceous cyst/lipoma or removal of ingrown nail
(Behavior) The DERMA will prepare patient and perform minor surgery to remove a nail or excise a cyst
(Conditions) Using knife handle and blade, forceps, hemostat, sutures and cautery apparatus
(Criteria) Removal of entire cyst including the wall; removal of toenail in case of acute infection and, in the case of chronic infection, permanent removal of the nail through destruction of nail matrix
(Consequence) Removal of sebaceous material, e.g., cyst/lipoma or ingrown nail
(Next Action) Record information and return patient to attending physician

KNOWLEDGES AND SKILLS

- Types of cysts
- Related anatomy and physiology
- Techniques for removal of cysts and ingrown toenails
Competency:  DERMATOLOGY ASSISTANT (DERMA)

Unit IV:  Dermatologic Surgery

MODULE 6:  DERMABRASION

TASKS

a. Perform dermabrasion

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with scarring or a tattoo
(Behavior) After administering a local anesthetic, the DERMA will perform dermabrasion
(Conditions) With minimal supervision; using high speed rotating brushes or diamond wheels
(Consequence) Reduction of the appearance of pitted scars or the removal of a tattoo
(Next Action) Provide post-dermabrasion care

KNOWLEDGES AND SKILLS

Related anatomy and physiology
Principles and procedures of dermabrasion
Cryoanesthesia
Wound care
Use and operation of dermabrasion equipment, e.g., rotating brushes, diamond wheels
Competency:  DERMATOLOGY ASSISTANT (DERMA)

Unit IV:  Dermatologic Surgery

MODULE 7:  ELECTROSURGICAL PROCEDURES

TASKS  
   a.  Ground patient, e.g., for electrical cauterization  
   b.  Perform electrosurgical biopsy and tissue destruction

PERFORMANCE OBJECTIVE

(Stimulus)  Having a patient with a dermatologic lesion

(Behavior)  The DERMA will attach the ground electrode to the patient, prepare the site for treatment and assist and/or perform the electrosurgical procedures

(Conditions)  With supervision; using electrosurgical unit

(Consequence)  Removal of a lesion for diagnosis and/or therapy

(Next Action)  Record results

KNOWLEDGES AND SKILLS

Electrical safety precautions and hazards
Function and operation of the electrosurgical unit
Administration of anesthetic
Biopsy procedures
Competency: DERMATOLOGY ASSISTANT (DERMA)

COMPETENCY UNIT V: DIAGNOSTIC SKIN TESTS

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Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit V: Diagnostic Skin Tests

MODULE 1: TESTS FOR FUNGI

TASKS
a. Test for fungus using ultraviolet light
b. Do intradermal testing for deep mycoses

PERFORMANCE OBJECTIVE

(Stimulus) When presented with a patient for diagnosis of suspected fungal disease
(Behavior) The DERMA will perform ultraviolet light tests for fungus and intradermal skin tests for diagnosis of deep mycoses
(Conditions) Using ultraviolet light, knife handle and blade, syringe and needle, microscope, slide, coverslip antigen for deep mycoses intradermal test
(Consequence) Determination of presence or absence of fungal disease
(Next Action) Record findings and return patient to physician

KNOWLEDGES AND SKILLS

Fungal diseases
Techniques for performing ultraviolet light and intradermal tests for fungi
Use and operation of ultraviolet light apparatus, microscope
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit V: Diagnostic Skin Tests

MODULE 2: TUBERCULIN SKIN TESTS

TASKS
a. Make dilutions of medications
b. Give tuberculin tine test
c. Give tuberculin Mantoux test
d. Read tuberculin test reaction

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's request
(Behavior) The DERMA will prepare the necessary antigen for tuberculin skin testing, administer it in an intradermal location on the forearm and read the test reaction after 48 hours
(Conditions) With minimal supervision; using test antigen
(Criteria) Antigen prepared according to manufacturer's instructions; test performed within the guidelines of the skin test manual; induration and erythema as the end point of the test
(Consequence) A diagnostic or nondiagnostic test as evidenced by induration and/or erythema
(Next Action) Report results

KNOWLEDGES AND SKILLS

Tuberculin skin test procedures
Sterile technique
Tuberculin antigen dilution procedures and techniques
Anatomy of skin
Techniques for reading tuberculin skin tests
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit V: Diagnostic Skin Tests

MODULE 3: PATCH TESTS

TASKS
a. Prepare patch test solution using patient's suspected allergens
b. Perform patch tests
c. Read allergy test reaction

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with an allergic contact dermatitis
(Behavior) The DERMA will prepare and apply the test antigen, cover with occlusive patches and read the test reaction in 48 to 72 hours
(Conditions) Without supervision; using patches, antigen
(Criteria) According to standard patch test procedures and manufacturer's instructions
(Consequence) Diagnosis of a contactant by erythema and dermatitis at the site of the positive test
(Next Action) Record results

KNOWLEDGES AND SKILLS

Test antigens
Recognition of contact dermatitis
Procedures for administration and interpretation of patch test
Preparation of test solutions
**Competency: DERMATOLOGY ASSISTANT (DERMA)**

**COMPETENCY UNIT VI: DIFFERENTIAL DERMATOLOGIC DIAGNOSIS**

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COMPETENCY: DERMATOLOGY ASSISTANT (DERMA)

UNIT VI: Differential Dermatologic Diagnosis

MODULE 1: PRIMARY SKIN LESIONS

TASKS

a. Diagnose primary skin lesions

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with a skin lesion
(Behavior) The DERMA will examine and diagnose the type of primary skin lesion, e.g., papule, nodule, vesicle, pustule or comedo
(Conditions) Without supervision
(Criteria) Accurately distinguishing primary from secondary lesions, e.g., papule (primary) and scar (secondary)
(Consequence) Differential diagnosis of type of skin lesion
(Next Action) Record and return patient to physician for treatment

KNOWLEDGES AND SKILLS

Anatomy and physiology of the skin
Basic skin lesions
Recognition and differentiation of primary lesions, e.g., papule, nodule, vesicle, pustule, comedo
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

 MODULE 2: INFLAMMATORY DERMATOSES

TASKS

a. Examine for symptoms of atopic dermatitis  
b. Examine for symptoms of seborrheic dermatitis and psoriasis  
c. Make preliminary diagnosis of psoriasis  
d. Make preliminary diagnosis of eczema  
e. Examine and describe characteristics of hives/rashes  
f. Examine for symptoms of pityriasis rosea  
g. Examine for symptoms of acne  
h. Examine for symptoms of contact dermatitis

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with an inflammatory dermatosis  
(Behavior) The DERMA will examine patient and identify the specific condition  
(Conditions) Without supervision  
(Criteria) Accurate differential diagnosis of inflammatory dermatosis according to the character of the primary and secondary lesions, distribution, color, shape, and secondary signs such as weeping, scaling, crusting, fissuring, or bifurcating  
(Consequence) Diagnosis of the specific inflammatory dermatosis, e.g., atopy, eczema, psoriasis, urticaria, pityriasis rosea, acne, contact dermatitis  
(Next Action) Record findings

KNOWLEDGES AND SKILLS

Primary and secondary skin lesion characteristics  
Recognition of inflammatory dermatologic diseases  
Recognition of symptoms of atopy, eczema, psoriasis, urticaria, pityriasis rosea, acne, contact dermatitis
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

MODULE 3: SKIN TUMORS

TASKS
a. Differentiate between benign and malignant skin tumors

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with skin tumor
(Behavior) The DERMA will determine whether the skin tumor is benign or malignant
(Conditions) Without supervision
(Criteria) Accurately distinguishing between benign and malignant skin tumors
(Consequence) Diagnosis of the skin tumor as benign or malignant
(Next Action) Record in patient's chart and return to physician for treatment

KNOWLEDGES AND SKILLS

Techniques for differentiating between malignant and benign skin tumors
Competency:  DERMATOLOGY ASSISTANT (DERMA)

Unit VI:  Differential Dermatologic Diagnosis

MODULE 4:  BULLOUS DISEASES

TASKS
a.  Diagnose erythema multiforme
b.  Diagnose pemphigoid (bullous)
c.  Diagnose pemphigus
d.  Diagnose dermatitis herpetiformis

PERFORMANCE OBJECTIVE

(Stimulus)  Given a patient with a bullous disease
(Behavior)  The DERMA will examine and diagnose specific bullous disease
(Conditions) Without supervision
(Criteria)  Accurately diagnosing the specific bullous disease by the locations and character of the vesicles and bullae
(Consequence) Diagnosis of the specific bullous disease
(Next Action) Record data; make treatment recommendation

KNOWLEDGES AND SKILLS

Recognition of symptoms of bullous diseases
Differentiation between bullous diseases, e.g., erythema multiforme, pemphigoid (bullous), pemphigus, dermatitis herpetiformis
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

MODULE 5: COLLAGEN DISEASES

TASKS
a. Diagnose scleroderma
b. Diagnose lupus erythematosus
c. Diagnose dermatomyositis

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with a suspected collagen disease
(Behavior) The DERMA will observe and diagnose the particular collagen disease, e.g., scleroderma, lupus erythematosus or dermatomyositis
(Conditions) Without supervision
(Criteria) Accurate differential diagnosis of specific collagen disease by the location, distribution, color and consistency of the lesions, e.g., erythema, atrophy, induration, ulceration, scarring
(Consequence) Diagnosis of specific collagen disease involved
(Next Action) Record data; refer patient for treatment

KNOWLEDGES AND SKILLS

Recognition and differentiation between scleroderma, lupus erythematosus and dermatomyositis
Interpretation of lesion characteristics
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

MODULE 6: INFECTIOUS VIRAL DISEASES

TASKS
a. Examine for molluscum contagiosum
b. Make preliminary diagnosis of herpes labialis
c. Examine for viral infections of the skin, e.g., warts
d. Examine for herpes zoster

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with an infectious viral disease
(Behavior) The DERMA will examine patient and identify the particular disease
(Conditions) Without supervision
(Criteria) Accurate differential diagnosis of particular disease based on color, texture and type of lesion--multiple or singular
(Consequence) Diagnosis of specific infectious viral disease
(Next Action) Record results and return patient to physician for treatment

KNOWLEDGES AND SKILLS

Recognition and differentiation between infectious viral diseases
Competency: DERMATOLOGY ASSISTANT (DERMA)
Unit VI: Differential Dermatologic Diagnosis
MODULE 7: INFECTIOUS BACTERIAL DISEASES

TASKS
a. Make preliminary diagnosis of chancroid
b. Make preliminary diagnosis of impetigo
c. Examine for symptoms of venereal disease
d. Observe for/report symptoms of cellulitis
e. Make preliminary diagnosis of leprosy

PERFORMANCE OBJECTIVE
(Stimulus) Having a patient with a suspected infectious bacterial disease
(Behavior) The DERMA will examine patient and identify the particular disease involved
(Conditions) Without supervision
(Criteria) Accurately diagnosing particular disease by site, color, texture and type of lesion--multiple or singular
(Consequence) Diagnosis of the particular infectious bacterial disease
(Next Action) Record findings and return patient to physician for treatment

KNOWLEDGES AND SKILLS

Interpretation of symptoms of infectious bacterial diseases for identification of specific disease, e.g., impetigo, leprosy, cellulitis, venereal disease
Competency:  DERMATOLOGY ASSISTANT (DERMA)

Unit VI:  Differential Dermatologic Diagnosis

MODULE 8:  INFECTIOUS FUNGAL DISEASES

TASKS  
a. Examine for symptoms of external fungal infection  
b. Examine for symptoms of Candida infections  
c. Make preliminary diagnosis of fungal skin infection

PERFORMANCE OBJECTIVE

(Stimulus)  Having a patient with an infectious fungal disease  
(Behavior)  The DERMA will examine patient and identify the particular disease  
(Conditions)  Without supervision  
(Criteria)  Accurately diagnosing specific fungal disease based on distribution of infection, inflammatory or noninflammatory state, scaly or nonscaly condition, and amount of involvement  
(Consequence)  Diagnosis of the particular infectious fungal disease, e.g., dermatophytosis, Candida infection  
(Next Action)  Record findings and return patient to physician for treatment

KNOWLEDGES AND SKILLS

Interpretation of symptoms of infectious fungal disease for identification of specific disease involved, e.g., dermatophytosis, Candida infection
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

MODULE 9: DRUG REACTIONS

TASKS
a. Examine for symptoms of contact dermatitis
b. Make preliminary diagnosis of toxic dermatosis

PERFORMANCE OBJECTIVE

(Stimulus) Given a patient with a history of contact dermatitis or with a clinical diagnosis of acute inflammatory dermatosis

(Behavior) The DERMA will examine for and diagnose drug reactions such as those to topically applied medications or medications taken internally

(Conditions) Without supervision

(Criteria) Accurately diagnosing the source of drug reaction

(Consequence) Diagnosis of a drug eruption from topically applied or internal medication

(Next Action) Record results and treat or refer patient for treatment

KNOWLEDGES AND SKILLS

Topical medications and/or internal medications used by patient
Recognition of eruptions due to drug reaction
Competency: DERMATOLOGY ASSISTANT (DERMA)

Unit VI: Differential Dermatologic Diagnosis

MODULE 10: MISCELLANEOUS CONDITIONS

TASKS
a. Examine for symptoms of alopecia
b. Examine for symptoms of dishidrosis and hyperhidrosis
c. Check skin for abnormal conditions, e.g., pressure sores, bruises, needle marks

PERFORMANCE OBJECTIVE

(Stimulus) Having a patient with suspected alopecia, dishidrosis, hyperhidrosis and/or pressure atrophy

(Behavior) The DERMA will examine patient and identify specific disease

(Conditions) Without supervision

(Criteria) Accurate diagnosis based on duration of involvement, location, area of involvement and complete family and medical history

(Consequence) Diagnosis of the particular disease

(Next Action) Record findings and return patient to physician for treatment

KNOWLEDGES AND SKILLS

Recognition of abnormal conditions of the skin, e.g., pressure sores, bruises, needle marks

Recognition and interpretation of symptoms of alopecia, dishidrosis, hyperhidrosis, pressure atrophy