## ACDT Course Learning Objectives

<table>
<thead>
<tr>
<th>MODULE</th>
<th>Upon Completion, Those Enrolled Will Be Prepared To...</th>
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<tbody>
<tr>
<td><strong>The Language of Dermatology</strong></td>
<td>1. Define and spell the following cutaneous lesions/descriptors:</td>
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<tr>
<td></td>
<td>a. Macule</td>
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<td></td>
<td>b. Patch</td>
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<td></td>
<td>c. Papule</td>
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<td></td>
<td>d. Nodule</td>
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<td></td>
<td>e. Cyst</td>
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<td></td>
<td>f. Plaque</td>
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<td>g. Wheal</td>
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<td>h. Vesicle</td>
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<td></td>
<td>i. Bulla</td>
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<td></td>
<td>j. Pustule</td>
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<td></td>
<td>k. Erosion</td>
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<td></td>
<td>l. Ulcer</td>
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<td>m. Atrophy</td>
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<td></td>
<td>n. Scaling</td>
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<td>o. Crusting</td>
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<td>p. Excoriations</td>
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<td>q. Fissures</td>
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<td></td>
<td>r. Lichenification</td>
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<td></td>
<td>s. Erythematous</td>
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<td></td>
<td>t. Violaceous</td>
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<td></td>
<td>u. Purpuric</td>
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<td></td>
<td>v. Hypo-/Hyperpigmented</td>
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<td></td>
<td>w. Linear</td>
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<tr>
<td></td>
<td>x. Annular</td>
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<tr>
<td></td>
<td>y. Nummular/Discoid</td>
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<td></td>
<td>z. Blaschkoid</td>
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<td></td>
<td>aa. Morbilliform</td>
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<td></td>
<td>bb. Polycyclic</td>
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<td></td>
<td>cc. Arcuate</td>
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<td>dd. Reticular</td>
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| Collecting & Documenting Patient History Part I | 1. Describe the importance of documentation and chart review, while properly collecting *dermatology-specific* medical history components, including: |
|                                                 |   a. Chief Complaint                                |
|                                                 |   b. Past Medical History                            |
|                                                 |   c. Family History                                 |
|                                                 |   d. Medications                                    |
|                                                 |   e. Allergies                                      |
| Collecting & Documenting Patient History Part II | 1. Demonstrate the proper collection of dermatology-specific medical history and explain the significance of the following:
  a. Social History
  b. Review of Systems
  c. History of Present Illness |
| --- | --- |
| **Anatomy** | 1. Spell and document the following directional indicators while applying them to the appropriate anatomical landmarks:
  a. Proximal/Distal
  b. Superior/Mid/Inferior
  c. Anterior/Posterior
  d. Medial/Lateral
  e. Dorsal/Ventral
  2. Spell and identify specific anatomical locations involving the:
  a. Scalp
  b. Forehead
  c. Ears
  d. Eyes
  e. Nose
  f. Cheeks
  g. Lips
  h. Chin
  i. Neck
  j. Back
  k. Upper extremity
  l. Hands
  m. Nails
  n. Chest
  o. Abdomen
  p. Buttocks
  q. Hips
  r. Lower extremity
  s. Feet |
| **Skin Structure and Function** | 1. Identify and spell the three primary layers of skin:
  a. Subcutaneous tissue
  b. Dermis
  c. Epidermis
  2. Identify the following structures:
  a. Apocrine sweat glands
  b. Eccrine sweat glands
  c. Sebaceous glands
  d. Collagen
  e. Elastin
  f. Melanocytes
  g. Keratinocytes |
| **Introduction to Coding Part I** | 1. Explain the significance of the following:
  a. Evaluation & Management (E/M) codes for consults and new/established patients.
  c. *International Classification of Diseases* (ICD) diagnosis codes. |
| **Introduction to Coding Part II** | 1. Explain the concepts of “bullet points and time” and its significance in determining visit charges.  
   a. Define bundling and explain how insurances apply this concept to medical billing practice.  
   b. Explain the rationale behind modifiers.  
   c. Identify the proper use of shave removal and shave biopsies. |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------|
| **Intro to ICD-10**              | 1. Explain the fundamental difference between E/M, Procedural, and ICD billing codes.  
   2. Provide the implementation date for mandatory transition to the ICD-10 system.  
   3. List the benefits of ICD-10 coding.  
   4. Define the following terms:  
      a. Granularity  
      b. Laterality  
   5. Compare and contrast the following:  
      a. The ICD-10-CM Index to Diseases and Injury  
      b. The ICD-10-CM Tabular List of Diseases and Injuries  
   6. Explain the purpose and use of the following instructions, notes, and terms:  
      a. Includes  
      b. Excludes1  
      c. Excludes2  
      d. See  
      e. See Also  
      f. Use Additional Code  
      g. Code First  
      h. Adding the appropriate 7th character  
   7. Explain the purpose and use of the following ICD-10 punctuation marks:  
      a. Parentheses  
      b. Brackets  
      c. Hyphens  
   8. Explain the purpose and use of the following abbreviations:  
      a. NEC  
      b. NOS  
   9. Identify some of the most important considerations for staff members working in medical offices transition to the ICD-10 coding system. |
| **Skin Cancer**                  | 1. Differentiate and outline the major risk factors, presentations, subtypes, prognoses, and most common treatment options for the following skin cancers:  
   a. Basal Cell Carcinoma  
   b. Squamous Cell Carcinoma  
   c. Melanoma |
<p>| <strong>Understanding Concentrations</strong> | 1. Apply the proper ratios needed to dilute IL cortisone to the appropriate concentration. |
| Prescription Order Entry | | Prescription Order Entry 1. Provide statistics regarding the impact of medication errors in the United States. 2. Describe the role of medical assistants in prescription order entry. 3. Define the meaning of the acronym CPOE. 4. List, define, and provide common examples of the following components of prescription orders: a. Patient Name b. Medication Name c. Strength d. Formulation e. Quantity (Per Dose) f. Route of Delivery g. Frequency of Dose h. Duration i. Total To Dispense j. Refills 5. Provide relevant examples of pitfalls/mistakes made by those entering the above prescription components into the EMR. 6. List the most important steps needed to prevent errors in medication order entry. 7. Define the meaning, significance, and role of Clinical Decision Support (CDS) alerts with regard to CPOE and avoidance of medication errors. | | Intro to Medication Modules | | Intro to Medication Modules 1. Identify the prescription package insert as being the definitive source for explaining the indication, proper use, and potential side effects of a given medication. | | Antibiotics | | Antibiotics 1. Differentiate topical and systemic antibiotics. 2. Contrast the mechanisms of action of bacteriostatic and bactericidal antibiotics. 3. Identify potential and most frequent side effects of the most common antibiotics used in dermatology. 4. Identify the following antibiotic categories and subtypes: a. Tetracyclines b. TMP/SMZ c. Macrolides d. Penicillins e. Cephalosporins f. Fluoroquinolones g. Dapsone h. Clindamycin/Rifampin i. Benzoyl Peroxide j. Clindamycin/Erythromycin k. Sodium Sulfacetamide l. Metronidazole m. Dapsone (Topical) n. Wound Care Antibiotics | | Antifungals | | Antifungals 1. Identify the most common topical antifungal medications. 2. Identify and spell the following systemic antifungal medications: a. Griseofulvin b. Fluconazole |</p>
<table>
<thead>
<tr>
<th>Antihistamines</th>
<th>Biologics</th>
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<tr>
<td>3. Contrast the mechanisms of action of fungicidal and fungistatic medications.</td>
<td>1. Define the term “Biologic” as it relates to dermatological medications.</td>
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<td>4. Provide directions for appropriate use of specific antifungal medications.</td>
<td>2. Identify the biologics most commonly used in dermatology, including:</td>
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<td>5. Identify potential and most frequent side effects of the most common antifungals used in dermatology.</td>
<td>a. Etanercept</td>
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<tr>
<td>1. Organize antihistamines into one of the following categories:</td>
<td>b. Infliximab</td>
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<tr>
<td>a. Sedating</td>
<td>c. Adalimumab</td>
</tr>
<tr>
<td>b. Non-sedating</td>
<td>d. Ustekinumab</td>
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<tr>
<td>c. H2 Blockers</td>
<td>2. Explain the mechanisms of action of biologics.</td>
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<td>2. Explain the mechanism of action in antihistamines.</td>
<td>3. Identify the proper administration of biologics.</td>
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<tr>
<td>3. List the various methods in which antihistamines can be administered or applied.</td>
<td>4. Identify potential side effects of specific biologics.</td>
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<tr>
<td>4. Identify the most common side effects of antihistamines.</td>
<td>5. Assist in providing patient education to those who are prescribed biologics.</td>
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<tr>
<td>5. Provide appropriate directions and precautions to patients who have been prescribed antihistamines.</td>
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<tr>
<th>Corticosteroids</th>
<th>Hormone Blocking Agents</th>
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<tr>
<td>1. Identify misinformation regarding medications classified as “steroids”.</td>
<td>1. Identify the most commonly used hormone-blocking agents and list the indicated use of each.</td>
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<tr>
<td>2. Explain the mechanism of action in both systemic and topical steroids.</td>
<td>2. Explain the mechanisms of action both Spironolactone and Finasteride.</td>
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<tr>
<td>3. Explain the various methods in which steroids can be administered or applied.</td>
<td>3. Identify potential and most common side effects of both medications.</td>
</tr>
<tr>
<td>4. Assist in educating patients regarding the appropriate use of steroids.</td>
<td>4. Provide instruction to patients regarding the appropriate use of these medications.</td>
</tr>
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</table>
| Hydroquinone & Azelaic Acid | 1. Provide the mechanisms of action, as well intended use of both Hydroquinone and Azelaic Acid.  
2. Identify in which vehicles either medication may be dispensed, and how each should be applied.  
3. Identify potential side effects of these medications, both shared and specific. |
| Keratolytics | 1. Define the term “Keratolytic”.  
2. List the most common keratolytic ingredients.  
3. Describe the mechanism of action of keratolytics.  
4. Provide instruction to patients with regard to appropriate use of these medications.  
5. Identify potential side effects of keratolytics. |
| Methotrexate | 1. Provide the primary indication of Methotrexate as used in dermatology.  
2. Identify and describe the mechanism of action of Methotrexate.  
3. List the most common and concerning side effects of this medication.  
4. Explain the need for laboratory monitoring while using Methotrexate.  
5. Identify medications which should be avoided or used with caution while on Methotrexate. |
| Non-Steroidal Anti-Inflammatory Medications | 1. Define the term “Non-Steroidal Anti-Inflammatory” as it relates to dermatology.  
2. Identify the three most common topical Non-Steroidal Anti-Inflammatory medications used in dermatology.  
3. Explain the mechanisms of action of these medications  
4. Describe the proper use and potential side effects of these medications.  
5. Provide instruction to patients regarding the appropriate use of these medications. |
| Retinoids | 1. Define the term “Retinoid”.  
2. Identify the most commonly used topical and systemic retinoids.  
3. Describe the mechanism of action in retinoids.  
4. Explain how to appropriately use these medications, while identifying and avoiding potential side effects. |
| Topical Antipruritics | 1. Define the term “Topical Antipruritic”.  
2. Identify the most commonly used topical antipruritics.  
3. Describe the different mechanisms of action in various topical antipruritics.  
4. Identify potential side effects of these medications.  
5. Explain how to appropriately use topical antipruritics. |
### Topical Chemotherapies

1. Identify the two most common ingredients used in topical chemotherapies.
2. Describe the mechanisms of action in both topical chemotherapies.
3. Provide examples of the most common frequency and duration of application.
4. List potential and expected side effects of topical chemotherapies.

### Psoriasis

1. Explain the Psoriasis disease process.
2. Identify potential precipitating and exacerbating factors of Psoriasis.
3. Describe the various physical presentations of Psoriasis.
4. Determine how Psoriasis is graded with regard to severity.
5. Describe the general treatment approaches used for Psoriasis.

### UV Light, Sunscreen, Skin Type

1. Describe the three types of UV radiation.
2. Identify sources of possible UV exposure.
3. Explain the process of tanning as a physiological response.
4. Identify the various sunscreen ingredients, and categorize each as either organic or inorganic.
5. Define SPF and explain how this rating is determined.
6. Identify and describe which sunscreen ingredients act as UVA blockers.
7. Provide recommendations to patients regarding selection and appropriate use of sunscreen.
8. Define the concept of skin typing.
9. Assign skin type utilizing the Fitzpatrick scale.

### iPledge

1. Provide the purpose of the iPledge program.
2. List the general requirements necessary to use Isotretinoin under the iPledge program.
3. Explain the acronyms FCBP and FNCBP, and the importance of these identifications to the iPledge program.
4. Describe the registration, confirmation, and discontinuation processes for FCBP.
5. Describe the registration, confirmation, and discontinuation processes for males and FNCBP.

### Most Common Benign Lesions

1. Identify, spell, and provide the etiology (if known) of the following benign cutaneous lesions:
   a. Seborrheic Keratoses
   b. Cherry Hemangiomas
   c. Milias
   d. Solar Lentigines
   e. Chondrodermatitis Nodularis Helicis (CNH)
   f. Cysts
   g. Dermatofibromas
   h. Neurofibromas
   i. Sebaceous Hyperplasia
### Warts & Molluscum

1. Define and explain the viral etiologies of both warts and molluscum.
2. List the various risk factors associated with both warts and molluscum.
3. Identify the presentation of the various “types” of warts.
4. Describe the presentation of molluscum.
5. Explain the available treatment options, as well as treatment expectations, for both warts and molluscum.

### Phototherapy & PDT

1. Describe the potential benefits of light treatment with respect to the associated risk of UV exposure.
2. Identify the various types and subtypes of light treatment.
3. Provide the names of the conditions for which specific light treatments are indicated.
4. Explain the concept of PUVA, and the routes through which this treatment may be delivered.
5. Describe the effects of PUVA and NB-UVB with regard to the skin’s immune system.
6. Compare and contrast NB-UVB to PUVA.
7. Explain the significance of Skin Type and Minimal Erythema Dose (MED) in determining a specific treatment protocol.
8. Define the term “Photodynamic Therapy”.
9. Describe the relation between Blue Light and Levulan, and the effects which their interaction produce in both Actinic Keratoses and Acne.
10. Identify the conditions in which light treatments would generally be contraindicated.
11. Provide the potential and expected side effects of each form of light treatment, both during and after completion of treatment.

### Moisturizers & Medication Vehicles

1. Explain the different methods through which the skin maintains hydration.
2. Identify the most common moisturizer ingredients and the purpose for each.
3. Describe the correlation between dry skin and sensitive skin.
4. Provide patient education regarding proper skin moisturizer selection.
5. Define the term “medication vehicle”.
6. Identify the available medication vehicles, and describe the intended purpose of each.
| **Eczema** | 1. Define the term “Eczema” and identify its various presentations.  
2. Explain the role of genetic predisposition and environmental factors.  
3. Describe the Eczema disease process.  
4. Discuss the general treatment approach while providing recommendations for prevention of future flares. |
| **Acne & Rosacea** | 1. Discern truths from misinformation with regard to the various treatments for both Acne and Rosacea.  
2. Describe the following components of Acne, as well as their contribution to the Acne process:  
   a. Pilosebaceous unit  
   b. Open comedo  
   c. Closed comedo  
   d. Microcomedo  
   e. *P. acnes* bacteria  
   f. Androgens  
3. Describe the various treatment approaches for acne, including:  
   a. Killing Bacteria  
   b. Prevention/Treatment of Comedones  
   c. Hormonal  
   d. Isotretinoin  
5. Define the term “Rosacea,” and identify the condition by its various presentations.  
6. Discuss the various factors which may precipitate Rosacea.  
7. Identify the various treatment methods for Rosacea, including:  
   a. Avoidance of triggers  
   b. Antibiotics  
   c. Topical Anti-Inflammatories  
   d. Retinoids  
   e. Laser & Light Treatments  
   f. Alternative Treatments |
| **AK & Dysplastic Nevii** | 1. Define the terms Actinic Keratosis and Dysplastic Nevus, and provide their respective etiologies.  
2. Describe the potential for malignant degeneration of both Actinic Keratoses and Dysplastic Nevii.  
3. Describe the typical presentation of Actinic Keratoses and Dysplastic Nevii.  
4. Describe the causes and contributing factors in the development of Actinic Keratoses.  
5. Discuss the various treatment options available for Actinic Keratoses and Dysplastic Nevii.  
6. Explain how Dysplastic Nevii are classified in accordance with their severity. |
| Common Rashes & Conditions Part I | 1. Describe the etiologies, presentations, prognoses, and treatment options available for the following common rashes and cutaneous conditions:  
  a. Alopecia Areata  
  b. Androgenetic Alopecia  
  c. Asteatotic Eczema  
  d. Contact Dermatitis  
  e. Drug Eruptions  
  f. Dyshidrotic Eczema  
  g. Granuloma Annulare  
  h. Intertrigo  
  i. Keratosis Pilaris  
  j. Lichen Planus  
  k. LSC & Prurigo Nodularis  
  l. Melasma |
|-----------------------------|--------------------------------------------------------------------------------------------------|
| Common Rashes & Conditions Part II | 1. Describe the etiologies, presentations, prognoses, and treatment options available for the following common rashes and cutaneous conditions:  
  a. Notalgia Paresthetica  
  b. Nummular Eczema  
  c. Perioral Dermatitis  
  d. Pityriasis Alba  
  e. Pityriasis Rosea  
  f. Pseudofolliculitis  
  g. Seborrheic Dermatitis  
  h. Stasis Dermatitis  
  i. Tinea Versicolor  
  j. Urticaria  
  k. Vitiligo |
| Infections & Infestations | 1. Describe the risk factors, preventative measures, prognoses, and treatment options available for the following infections and infestations:  
  a. Staphylococcus  
  b. Streptococcus  
  c. Pseudomonas  
  d. Tinea Pedis  
  e. Tinea Cruris  
  f. Tinea Capitis  
  g. Tinea Unguium  
  h. Onychomycosis  
  i. Candidiasis  
  j. Herpes Simplex  
  k. Varicella Zoster  
  l. Herpes Zoster  
  m. Head Lice  
  n. Scabies |
### Autoimmune Conditions

1. Compare and contrast healthy immune function with that which occurs in autoimmune disease.
2. Describe the etiologies, presentations, diagnostic measures, prognoses, and treatment options available for the following autoimmune conditions:
   a. Bullous Pemphigoid
   b. Pemphigus
   c. Lupus
   d. Dermatomyositis
   e. Morphea
   f. Epidermolysis Bullosa Acquisita

### Most Common Labs

1. Describe the purpose, processing procedures, and most common scenarios in which the following labs may be ordered:
   a. Biopsies
   b. CBC
   c. Lipid Panel
   d. Hepatic Function Panel
   e. BUN/Creatinine
   f. CMP
   g. Hepatitis Panel
   h. hCG
   i. Bacterial Culture
   j. Fungal Culture
   k. KOH Prep
   l. Wet Mount
   m. ANA
   n. PAS Stain
2. Explain the significance of the ICD code V58.69 with regard to ordering labs.

### Most Common Procedures Part I

1. Describe the purpose, and various methods/techniques employed in performing the following procedures:
   a. Cryosurgery
   b. Biopsy
   c. ED&C
   d. Shave Removal
   e. Excision (Traditional)

### Most Common Procedures Part II

1. Describe the purpose, and various methods/techniques employed in performing the following procedures:
   a. Mohs Surgery
   b. Incision & Drainage
2. Identify the following instruments used in a clinical setting:
   a. Mayo Stand/Tray
   b. Needle Driver
   c. Forceps
   d. Hemostats
   e. Scissors
   f. Scalpel Blades/Handles
3. Describe and distinguish the various types of sutures materials and sizes.
| Principles of Cosmetic Dermatology | 1. Explain the physiological principles behind skin aging and damage.  
2. Describe the categories of cosmetic treatments.  
3. Define and discuss the etiologies, preventative and exacerbating factors, and treatment options for:  
   a. Rhytids  
   b. Loss of “Fullness”  
   c. Irregular Surface Texture  
   d. Irregular Surface Tone |