Dermatology for the Non-Dermatologist:

1. Describe the purpose of the Lynch algorithm.
2. Describe the questions, in order, that a clinician should ask when evaluating a skin lesion in order to place the diagnosis in one of the ten major diagnostic groups. (Starting with, "Is the lesion fluid-filled (blister) or solid?")
3. Know at least 3 diseases from each of the ten diagnostic groups.
4. Define the primary types of skin lesions including a macule, papule, patch, plaque, pustule, wheal, vesicle, and bulla.
5. Define some of the secondary changes to skin lesions such as scale, crust, lichenification and excoriation.

Sleep-disordered breathing:

1. Describe the risk factors, and the signs and symptoms that would prompt an internist to consider the diagnosis of the sleep-related breathing disorders: obstructive sleep apnea and central sleep apnea.
2. Describe the increase in mortality and morbidities associated with undiagnosed or untreated OSA.
3. Describe the STOP-BANG questionnaire and how it helps to look for the diagnosis of sleep apnea. Understand its sensitivity and specificity for the diagnosis of OSA.
4. Describe the apnea-hypopnea index and how it relates to the diagnosis of OSA. Understand the indications for full-night and split-night polysomnography studies.
5. Describe the treatment strategies for OSA including lifestyle changes, positive airway pressure, and oral appliances. Know the indications for bariatric surgery in the treatment of OSA.

Pulmonary embolism:

1. Recognize the risk factors for venous thromboembolism and the signs of symptoms of the disease.
2. Know *both* the PERC score (Pulmonary Embolism Rule-Out Criteria) and the Well's Score to develop a pre-test probability of your patient having a pulmonary embolism.
3. According to the Best Practice Advice from the Clinical Guidelines Committee of the American College of Physicians, know what the appropriate management is of a patient who has:
   a. Low pre-test probability of PE and who meets all the criteria of the PERC score.
   b. Intermediate pre-test probability of PE or low pre-test probability of PE but who does not meet all the criteria of the PERC score.
4. Know the indications for CT angiography and VQ scans for the diagnosis of PE. Know the preferred imaging test to order in a pregnant woman.
5. Determine the severity of a PE based on hemodynamic parameters, biomarkers (troponin and BNP) and echocardiogram findings. Know the appropriate treatment for patients with massive PE.
6. Determine the treatment options for patients with non-massive PE. Know who should be treated prior to making the diagnosis.