

Resident physicians seldom trained in skin cancer examination

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Many resident physicians are not trained in skin cancer examinations, nor have they ever observed or practiced the procedure, according to a report in the October issue of *Archives of Dermatology*.

Melanoma is the only cancer that can be detected early for which U.S. death rates are not decreasing, according to background information in the article. Although [melanoma](#) remains the second most common cause of cancer in individuals age 15 to 29, screening rates have not changed in recent years. "In response, a number of recommendations have been made to provide training programs for instruction of the skin cancer examination," the authors write. About one-fourth of all melanomas are detected by physicians as opposed to patients, and a consensus is emerging that cancers detected by a clinician are generally thinner and have a better prognosis. However, most primary care physicians do not regularly perform skin examinations.

Emily Wise, M.D., of the Boston University School of Medicine, and colleagues surveyed resident physicians in family medicine, obstetrics and gynecology, pediatrics and internal medicine in November 2003. Residents reported their training and experience with skin cancer examinations, along with their current skill level in performing the exams.

Of 454 surveys distributed, 342 residents in four programs completed the survey (a 75.3 percent response rate). "Clinical training for the skin cancer examination during residency was infrequent," the authors write.

"During residency, 75.8 percent were never trained in the skin cancer examination, 55.3 percent never observed a skin cancer examination and 57.4 percent never practiced the examination. Only 15.9 percent of residents reported being skilled in the skin cancer examination."

Performing four [skin cancer](#) examinations—an average of slightly more than one per year of residency—was associated with increases in self-reported skill levels.

"Visits to internists and family practitioners make up an estimated 40 percent of physician visits in the United States, and nearly two-thirds of patients with melanoma report a physician visit in the year before diagnosis. Primary care physicians are thus ideally suited to screen and triage high-risk patients and those with suspicious lesions," the authors write.

"Residency programs and medical schools may have neither the time nor the infrastructure to teach an expert, comprehensive examination to all physicians in training," they conclude. "However, the basic ability to recognize potentially suspicious lesions and triage persons with such lesions should be a vital and key component of both training programs. If current physicians in training do not learn this skill set in medical school or residency, there is a low likelihood that they will acquire this knowledge in their day-to-day practice, which could have potentially devastating consequences for melanoma recognition going forward."

More information: Arch Dermatol. 2009;145[10]:1131-1136.

Source: JAMA and Archives Journals ([news](#) : [web](#))

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