

1. INTRODUCING HEALTHCERT

HealthCert is a global company dedicated to saving lives and improving patient outcomes through accredited primary care education.

In collaboration with leading subject specialists, we offer medical courses at professional certificate, advanced certificate and professional diploma levels for General Practitioners, Medical Health Professionals, Nurses and International Medical Graduates. All HealthCert courses are professionally accredited and provide access into multiple Master degree pathways and clinical attachment programs. Thousands of medical professionals across 34 countries have participated in our programs, known for their comprehensive nature and the ability to enable doctors to make a real difference to their patients and their practice.

2. PROFESSIONAL EDUCATION

HealthCert is a Professional Education Provider. We provide CPD-accredited **professional development** training for medical professionals. HealthCert professional qualifications are named *Professional Certificate*, *Advanced Certificate* and *Professional Diploma* to clearly indicate the professional nature of the qualifications. We proudly go beyond compliance with the professional standards for education providers set by professional bodies, and we also self-impose reviews by university academics.

3. HEALTHCERT GRADUATE ATTRIBUTES

All HealthCert graduates demonstrate the following:

- **GA1. Factual knowledge in a special interest field** HealthCert graduates demonstrate factual knowledge in a special interest field of professional studies at the appropriate level for the course they have undertaken.
- GA2. Procedural knowledge in a special interest field HealthCert graduates demonstrate knowledge of specific procedures in a special interest field at the appropriate level for the course they have undertaken.
- GA3. Safe and careful attitudes

HealthCert graduates demonstrate a safe and careful attitude within a special interest field of professional studies.

4. PROGRAM OUTCOMES FOR PROFESSIONAL CERTIFICATE LEVEL

Within a specific field of interest, certificate graduates will demonstrate the following at an introductory level:

- ✓ Factual knowledge (A1)
- ✓ Procedural knowledge (A2)
- ✓ Some theoretical knowledge (A1)
- ✓ Cognitive skills to gain information and apply known methods (A1)
- ✓ Judgement skills based on evidence (A1)
- Problem solving solutions to expected problems (A2)
- ✓ Identification of limitations and referral to others (A2)



Professional Certificate of Dermoscopy



5. COURSE OVERVIEW

This course is designed for medical practitioners who wish to perform dermoscopy. This introductory qualification is stage one of the Professional Diploma of Dermoscopy. The pathway is (1) Professional Certificate of Dermoscopy, (2) Advanced Certificate of Dermoscopy, (3) Professional Diploma of Dermoscopy.

6. DELIVERY METHOD

The Professional Certificate of Dermoscopy is designed as a fully online course. There are eight units in a HealthCert Professional Certificate program. The course is delivered in one trimester (15 weeks) with 12 weeks of online teaching (video lectures, case discussion boards, webinars) and three weeks of revision and examination.

7. ENTRY REQUIREMENTS AND COURSE REQUISITES

This course is for general practitioners, degree-qualified nurses and dermal therapists, and other degree-qualified health professionals with an interest in skin. There are no prerequisites for this course.

8. INCOMING COURSE PATHWAYS

Professionally recognised qualifications and prior studies may be recognised for entry into this course if the learning outcomes match. Ask a HealthCert Education Advisor for an individual assessment of your qualifications and experience. If there is not an exact match, assessment tasks may need to be completed prior to enrolment.

9. COURSE LEARNING OUTCOMES

At the end of this course, participants will be able to:

- 1. Determine the correct steps to triage suspicious lesions using the Three Point Checklist screening method.
- 2. Evaluate the Elephant Approach for diagnostic specificity.
- 3. Apply the Chaos and Clues method to specific cases.
- 4. Diagnose benign non-melanocytic lesions commonly seen in clinical practice.
- 5. Categorise/evaluate seborrheic keratosis, ink spot lentigo, haemangioma, dermatofibroma basic patterns.
- 6. Distinguish common patterns of non-melonoma skin cancer.
- 7. Detect dermatoscopic clues of pigmented and non-pigmented variants to diagnose actinic keratosis, intraepithelial carcinoma, squamous cell carcinoma and basal cell carcinoma.
- 8. Distinguish the features of melanocytic naevi.
- 9. Detect melanocytic naevi and carry out appropriate action.
- 10. Judge dermoscopic patterns of melanoma.
- 11. Detect and diagnose dermoscopic structures for naevi or melanoma.
- 12. Outline basic patterns of pigmented lesions on facial skin.
- 13. Detect clues/evaluate melanoma in situ, solar lentigo, lichen planus-like keratosis, pigmented actinic keratosis.
- 14. Evaluate basic variations for acral melanocytic lesions including acral naevus and acral lentiginous melanoma.
- 15. Determine reasons for parallel patterns and evaluate the variations of the acral naevus.
- 16. Make professional judgements that demonstrate knowledge of dermoscopy.
- 17. Make professional judgements demonstrating the application of dermoscopy knowledge to case scenarios.
- 18. Evaluate dermoscopy programs and applications including *Interactive Atlas* and *YouDermoscopy*.



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10. SAMPLE COURSE TRAINING PLAN

Module 1: The Three Point Checklist and the Elephant Approach

Learn how to triage suspicious lesions using the Three Point Checklist screening method and how to improve your diagnostic specificity using the Elephant Approach.

Module 2: The Chaos and Clues method

Learn how to use Chaos and Clues, a decision algorithm, to detect pigmented skin malignancies of any type. Lesions are dermatoscopically scanned for asymmetry (chaos) and when chaos is noted, clues are carefully checked for. If chaos plus one or more clues are discovered an excisional biopsy is performed, unless seborrhoeic keratosis can be confidently diagnosed.

Module 3: Benign non-melanocytic lesions

Learn the basic patterns of benign non-melanocytic skin tumours commonly seen in practice. These include seborrheic keratosis, ink spot lentigo, hemangioma and dermatofibroma.

Module 4: Malignant non-melanocytic lesions

Learn to characterise common patterns of non-melanoma skin cancer. Learn to identify dermatoscopic clues to diagnose pigmented and non-pigmented variants of actinic keratosis, intraepithelial carcinoma, squamous cell carcinoma and basal cell carcinoma.

Module 5: Melanocytic nevi

Learn to describe and recognise melanocytic naevi. 'Melanocytic' means that they are made up of the cells (melanocytes) which produce the dark pigment (melanin) that gives the skin its colour. Melanocytes clustered together form naevi. Learn about the dermoscopy of melanocytic nevi in this module.

Module 6: Facial lesions

Learn to identify basic patterns of pigmented lesions on the face. You will spot clues to differentiate between melanoma in situ, solar lentigo, lichen planus-like keratosis, and pigmented actinic keratosis.

Module 7: Acral lesions

Learn basic variations for acral melanocytic lesions, including acral nevus and acral lentiginous melanoma. You also learn the reason for parallel patterns as well as the reasons for the variations of acral naevus.

Module 8: Melanoma

Learn the dermoscopic features commonly seen in melanoma. While naevi tend to manifest an organised pattern displaying a symmetric distribution of structures, melanomas tend to display a disorganised pattern and at least one of 10 specific structures. The patterns encountered in melanoma will be elucidated in this module.

11. COURSE ACTIVITIES

Course participants will:

- Utilise the Interactive Atlas international dermoscopy program.
- Utilise the YouDermoscopy application (app).
- Participate in webinars with experts and professional colleagues.
- Observe professional clinic/patient interactions via video.
- Evaluate dermoscopy cases in an online discussion board.



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12. COURSE PRESENTERS

HealthCert has a high-quality team of exceptional specialists and industry professionals to deliver this course. On rare occasions, presenters may change due to unforeseen circumstances affecting availability.

- Prof Harald Kittler MD. Professor of Dermatology at Medical University of Vienna, Austria
- **Prof Masaru Tanaka** MD PhD. Professor of Dermatology, Tokyo Women's Medical University Medical Center East, Japan
- **Prof Rainer Hofmann-Wellenhof** MD PhD. Professor of Dermatology, Department of Dermatology and Venerology, Head of Research Unit, Medical University of Graz, Austria
- **Prof Cliff Rosendahl** MBBS PhD FSCCA. Professor & Director MMed (Skin Cancer) Program School of Medicine, The University of Queensland, Australia
- Prof Giuseppe Argenziano MD PhD. Professor & Head, Dermatology Unit, Second University of Naples, Italy
- A/Prof Ashfaq A. Marghoob MD. Attending Physician, Dermatology Service, Memorial Sloan Kettering Skin Cancer Center, New York, USA
- **A/Prof Iris Zalaudek** MD PhD. Research Director of the Non-Melanoma Skin Cancer Unit, Division of Dermatology and Venerology, Medical University of Graz, Austria

13. ASSESSMENT REQUIREMENTS: ONLINE EXAMINATIONS

There are two online examinations for assessment:

- 88 knowledge questions based on a scenario of a medical practitioner undertaking special interest training.
 i. 11 per module
 - Example: The medical practitioner believes that 10% of the population ... Is he correct? Yes/No
- 2. 88 authentic scenario-based questions based on cases of patient care at a clinic
 - i. 11 per module

Example: A patient arrives at your clinic with this problem ...what should you do? Multiple choice images based on patient cases.

The knowledge-based examination is worth 50 per cent and the application-based examination is worth 50 per cent. The overall pass mark is 80 per cent. It is therefore not possible to pass this course on knowledge alone. Knowledge must be successfully applied to patient cases in order to pass the course.

14. ASSESSMENT MAPPING OF COURSE LEARNING OUTCOMES FOR EXAMINATIONS

- 1. Determine the correct steps to triage suspicious lesions using the Three Point Checklist GA1/2, A2 screening method.
- 2. Evaluate the Elephant Approach for diagnostic specificity. GA2, A2 GA2, A2 3. Apply the Chaos and Clues method to specific cases. 4. Diagnose benign non-melanocytic lesions commonly seen in clinical practice. GA2,A2 Categorise and evaluate seborrheic keratosis, ink spot lentigo, haemangioma and 5. GA1, A1 dermatofibroma basic patterns. 6. Distinguish common patterns of non-melanoma skin cancer. GA1, A1 7. Distinguish the features of melanocytic naevi. GA1, A1 Detect dermatoscopic clues of pigmented and non-pigmented variants to diagnose actinic 8. GA1, A1
- Detect dermatoscopic clues of pigmented and non-pigmented variants to diagnose actinic GA1, A1 keratosis, intraepithelial carcinoma, squamous cell carcinoma and basal cell carcinoma.



9.	Detect melanocytic naevi and carry out appropriate action.	GA2, A2
10.	Judge dermoscopic patterns of melanoma.	GA1/2, A1/2
11.	Detect and diagnose dermoscopic structures for naevi or melanoma.	GA1/2, A1/2
12.	Outline basic patterns of pigmented lesions on facial skin.	GA1, A1
13.	Detect clues and evaluate melanoma in situ, solar lentigo, lichen planus-like keratosis, and pigmented actinic keratosis.	GA1/2, A1/2
14.	Evaluate basic variations for acral melanocytic lesions, including acral naevus and acral lentiginous melanoma.	GA1/2, A1/2
15.	Determine reasons for parallel patterns and evaluate the variations of the acral naevus.	GA1, A1
16.	Make professional judgements that demonstrate knowledge of dermoscopy.	GA1/2/3, A1
17.	Make professional judgements that demonstrate the application of knowledge of dermoscopy to patient case scenarios.	GA1/2/3, A2

18. Evaluate dermoscopy programs and apps including *Interactive Atlas* and *YouDermoscopy*. PR

GA= Graduate Attributes, A = Assessment Test Number, PR = Professional Requirement

15. PROFESSIONAL PLANNING REQUIREMENT

There is a mandatory professional requirement for this course.

• Provide a one-page explanation of how you intend to use the course learning in your professional work. This may include the identification of a medical mentor who is an experienced professional in dermoscopy and a description of how they will assist you in developing dermoscopy knowledge and skills and how programs such as *Interactive Atlas* and *YouDermoscopy* can be used in your professional development.

16. HEALTHCERT PROFESSIONAL QUALIFICATION

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From HealthCert – An Accredited CPD provider with university connections.

17. ONGOING WEB-BASED SUPPORT

After the trimester in which the course is delivered, there will be a minimum of 12 months ongoing web-based support to assist with implementation of learning. This includes reminders of key learning points, webinars, video clips, updated information and ongoing case discussion with own case submission opportunities. The entire Professional Diploma program can therefore be studied over three trimesters (fastest) or three years (slowest).

18. CPD POINTS AND RECOMMENDED STUDY HOURS

Recommended study hours: 120 hours, including all readings and assessment. Support: 12 months web-based support

Australian CPD points RACGP: 40 Category 1 QI&CPD points | ACRRM: 30 PRPD points Active Learning Module

This is a self-submitted activity in various other countries as outlined below; please seek advice from the relevant professional body for more information.



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19. PROFESSIONAL RECOGNITION AND ACADEMIC REVIEW

This course:

- Provides CPD points from the Royal Australian College of General Practitioners (RACGP).
- Provides PRPD points from the Australian Council of Rural and Remote Medicine (ACRRM).
- Is recognised by Royal New Zealand College of General Practitioners (RNZCGP). The RNZCGP recognises all courses endorsed by the RACGP. Peer review and audit are compulsory.
- Is recognised by the Hong Kong College of Family Physicians (HKCFP). The HKCFP recognises all courses endorsed by the RACGP. Points are calculated differently.
- Is a self-submitted activity in Dubai. The number of CPD points must be stated on the certificate. Please contact PLD@dhcr.gov.ae for more information.
- Is a self-submitted activity in the UK. CPD events overseas, applicable to a doctor's scope of practice, may be submitted for revalidation. Please confirm with your Responsible Officer.
- Is a self-submitted activity in Canada through the College of Family Physicians of Canada. Category 1 points are reported as certified and Category 2 points are reported as non-certified. Please contact <u>mainprocredits@cfpc.ca</u> for more information.
- Is accredited by the Skin Cancer Institute and may be used as part of an application for Membership or Fellowship at <u>www.skincancerinstitute.com.</u>
- Is recognised by The University of Queensland as part one of the HealthCert Professional Diploma of Dermoscopy.
- Has been collaboratively designed with, and reviewed by, Associate Professor Giuseppe Argenziano, Head of the Dermatology Unit, Second University of Naples in Italy, a prolific author in this field.
- Meets World Federation of Medical Education standards.
- Is recognised by International Dermoscopy Society worldwide membership. More: dermoscopy-ids.org.
- Is recognised by the Medical University of Graz as part one of the HealthCert Professional Diploma of Dermoscopy that provides RPL towards the MSc in Dermoscopy and Preventative Dermato-Oncology.

20. OUTGOING COURSE PATHWAYS

Professional Diploma pathway

This course is part one of the Professional Diploma of Dermoscopy pathway. The full pathway is (1) Professional Certificate of Dermoscopy, (2) Advanced Certificate of Dermoscopy, (3) Professional Diploma of Dermoscopy.

Australian postgraduate pathway

This course is part one of the HealthCert Professional Diploma of Dermoscopy pathway. The Professional Diploma of Dermoscopy is guaranteed for RPL for the unit IMED7003, part of the **Graduate Certificate of Medicine (Skin Cancer)** which is the first step in the **Master of Medicine (Skin Cancer)** at The University of Queensland. There are no further requirements for this RPL, it is automatic and guaranteed and provides a saving on fees. More information at <u>www.uq.edu.au/study/program.html?acad_prog=5398</u>.

International postgraduate pathway

There is an international postgraduate pathway from the Professional Diploma of Dermoscopy. A postgraduate RPL pathway exists with the Medical University of Graz towards the **MSc in Dermoscopy and Preventative Dermato-Oncology**. This pathway provides RPL of over 50 per cent of a Master degree (ie 10 units out of 19). For more information, contact Associate Professor Iris Zalaudek at <u>iris.zalaudek@medunigraz.at</u>.



The Master program at the Medical University of Graz is a distance learning program delivered predominantly online. The program guides participants through three different education levels and consists of 19 teaching modules. The modules can be completed in six semesters but graduates have the possibility to take an early exit and receive an International Dermoscopy Diploma after three semesters or become certified as an Academic Expert in Dermoscopy and Preventive Dermato-Oncology after four semesters. HealthCert graduates will receive RPL for modules 4 to 13. The three units required to obtain the International Dermoscopy Diploma from the University of Graz (Modules 1-3) can be obtained fully online.

Education Level 1: International Dermoscopy Diploma

Module 1: Epidemiology of melanoma and nonmelanoma skin cancer Module 2: Primary skin cancer prevention Module 3: Secondary skin cancer prevention Module 4: Introduction to dermoscopy Module 5: Dermoscopic criteria (overview) + histopathologic correlation Module 6: Diagnostic relevance of patterns Module 7: Diagnostic algorithms Module 8: Dermoscopy in the daily routine Module 9: Special issues Module 10: Future aspects Module 11: Dermoscopic-pathologic correlation Module 12: Dermoscopy Atlas Module 13: Consultation on the job

Education Level 2: Academic Expert in Dermoscopy and Preventive Dermato-Oncology* Module 14: Advanced dermoscopy Module 15: Update on recent research

Module 16: Rare skin tumours

Education Level 3: Masters of Science in Dermoscopy and Preventive Dermato-Oncology Thesis | Topic-Pool

***Requirements:** 1) One week on-campus at the University of Graz, Austria completing the "International Short Course on Dermoscopy". 2) Two weeks attendance at a Centre of Excellence which are located all over the world.

Fees: HealthCert graduates will pay €1500 for modules 1-3. Modules 4 to 13 will be free of payment. For the Academic expert level and the Master level payment of €5000 each is necessary.

Participation in research

HealthCert alumni have opportunities to participate in research projects conducted by leading experts in the field who teach at HealthCert. Past research projects include a study by Monika Janda on the use of teledermoscopy by GPs, the DermaChallenge project by Professor Harald Kittler and his team, and a research study by The University of Sydney exploring the management of patients with melanoma in primary care in Australia. Research projects and surveys are shared via the HealthCert blog which is available to HealthCert alumni.

21. CONTINUOUS IMPROVEMENT THROUGH FEEDBACK

Participant feedback in the form of course evaluations and focus groups enable us to continuously improve. Thank you for contributing to this process. We keep records of course feedback and use it to improve the course.



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22. HEALTHCERT PROFESSIONAL CERTIFICATE COURSE FEES

Please ask a HealthCert Education Advisor for full details of course fees, payment plans, discounts and scholarships or go to <u>www.healthcert.com</u>.

23. COURSE MANAGER CONTACT DETAILS

If you have questions related to this course, contact a HealthCert Education Advisor at <u>courses@healthcert.com</u>.

24. BIBLIOGRAPHY: DERMOSCOPY

Supplementary readings include:

Altamura, D., Menzies, S.W., Argenziano, G., Zalaudek, I., Soyer, H.P., Sera, F., Avramidis, M., DeAmbrosis, K., Fargnoli, M.C., Peris, K. (2010). Dermatoscopy of basal cell carcinoma: morphologic variability of global and local features and accuracy of diagnosis. *J Am Acad Dermatol.* 62(1), 67-75. doi: 10.1016/j.jaad.2009.05.035

Balagula, Y., Braun, R.P., Rabinovitz, H.S., Dusza, S.W., Scope, A., Liebman, T.N., Mordente, I., Siamas, K., Marghoob, A.A. (2012). The significance of crystalline structures in the diagnosis of melanocytic and nonmelanocytic lesions. *J Am Acad Dermatol*, 67(194), 1-8

Braun, R.P., Rabinovitz, H.S., Krischer, J., Kreusch, J., Oliviero, M., Naldi, L., Kopf, A.W., Saurat, J.H.. (2002). Dermoscopy of pigmented seborrheic keratosis: a morphological study. Arch Dermatol,138(12),1556-15560

Cameron, A., Rosendahl, C., Tschandl, P., Riedl, E., Kittler, H. (2010). Dermatoscopy of pigmented Bowen's disease. *J Am Acad Dermatol*, 62(4), 597-604. doi: 10.1016/j.jaad.2009.06.00

Cohen, Y.K., Elpern, D.J. Wolpowitz, D., & Rosendahl, C. (2014). Glowing in the dark: case report of a clue-poor melanoma unmasked by polarized dermatoscopy. *Dermatol Pract Concept*, 4(1), 83–87. doi: 10.5826/dpc.0401a14

Cameron, A., Rosendahl, C., Tschandl, P., E., & Kittler, H. (2010). Dermatoscopy of pigmented Bowen's disease. 62(4), 597–604. doi: http://dx.doi.org/10.1016/j.jaad.2009.06.008

Kopf, A.W., Rabinovitz, H., Marghoob, A., Braun, R.P., Wang, S., Oliviero, M., Polsky, D.(2006). "Fat fingers:" a clue in the dermoscopic diagnosis of seborrheic keratoses. J Am Acad Dermatol, 55(6), 1089-1091

Lallas, A., Zalaudek, I., Apalla, Z., Longo, C., Moscarella, E., Piana, S., Reggiani, C., & Argenziano, G. (2013). Management rules to detect melanoma. *Dermatology*, 226(1), 52-60. doi: 10.1159/000346645

Lallas, A., Argenziano, G., Moscarella, E., Longo, C., Simonetti, V., Zalaudek, I. (2014). Diagnosis and management of facial pigmented macules. *Clin Dermatol*, 32(1):94-100. doi: 10.1016/j.clindermatol.2013.05.030

Lallas, A., Tschandl, P., Kyrgidis, A., Stolz, W., Rabinovitz, H., Cameron, A., Gourhant, J.Y., Giacomel, J., Kittler, H., Muir, J., Argenziano, G., Hofmann-Wellenhof, R., Zalaudek, I. (2015). Dermoscopic clues to differentiate facial lentigo maligna from pigmented actinic keratosis. *Br J Dermatol*, doi: 10.1111/bjd.14355



Lallas, A., Apalla, Z., Argenziano, G., Moscarella, E., Longo, C., Zalaudek, I. (2013). Clues for differentiating discoid lupus erythematosus from actinic keratosis. *J Am Acad Dermatol*, 69 (1), 5-6

Maumi, Y., Kimoto, M., Kobayashi, K., Ito, N., Saida, T., & Tanaka, M. (2009). Oblique view dermoscopy changes regular fibrillar pattern into parallel furrow pattern. *Dermatology*, 218(4), 385-386. doi: 10.1159/000202986

Marghoob, A.A., Jaimes, N. (2016). Dermoscopic evaluation of skin lesions. In: UpToDate, H Tsao, R Corona (Ed), UpToDate, Waltman, MA (Accessed on January 11, 2016).

Marghoob, A. (2012). Pattern analysis. In: Atlas of Dermoscopy, second edition, AA Marghoob, J Malvehy, RP Braun (Ed). Chapter 6b, page 98-112. Informa Healthcare, London, 2012.

Miyazaki, A., Saida, T., Koga, H., Oguchi, S., Suzuki, T., Tsuchida, T. (2005). Anatomical and histopathological correlates of the dermoscopic patterns seen in melanocytic nevi on the sole: a retrospective study. *J Am Acad Dermatol*, 53(2), 230-236

Menzies, S.W., Crotty, K.A., Ingvar, C., McCarthy, W.H. (2003). Melanoma. In: An atlas of surface microscopy of pigmented skin lesions. Chapter 5, page 92-130, The McGraw Hill, Australia 2003.

Nagashima, Y., Akita, M., & Tsuchida, T. (2011). Relationship between the three-dimensional structure of the human plantar epidermis and the dermoscopic patterns seen in melanocytic nevi. *Dermatology*, 222(1), 67-73. doi: 10.1159/000322537

Nagashima, Y., & Tsuchida, T. (2011). Correspondence between dermoscopic features and epidermal structures revealed by scanning electron microscope. *J Dermatol*, 38(1):35-40. doi: 10.1111/j.1346-8138.2010.01152.x

Obieta, Braun, R.P., Scope, A., Rabinovitz, H., Marghoob, A.A. Dermoscopy of superficial spreading melanoma. (2009). G Ital Dermatol Venereol, 144, 51-60

Oguchi, S., Saida, T., Koganehira, Y., Ohkubo, S., Ishihara, Y., & Kawachi, S. (1998). Characteristic epiluminescent microscopic features of early malignant melanoma on glabrous skin. A videomicroscopic analysis. Arch Dermatol, 134(5), 563-568

Rosendahl, C., Cameron, A., & Wilkinson, D. (2012). Dermatoscopy in routine practice - 'chaos and clues'. *Aust Fam Physician*, 41(7), 482-487.

Rosendahl, C., Tschandi, P., Cameron, A., & Kittler, H. (2011). Diagnostic accuracy of dermatoscopy for melanocytic and nonmelanocytic pigmented lesions. *J Am Acad Dermatol*, 64(6):1068-73. doi: 10.1016/j.jaad.2010.03.039

Rosendahl C., Cameron, A., Bulinska, A., Harding-Smith, D., & Weedon, D. (2012). Embryology of a melanoma? A case report with speculation based on dermatoscopic and histologic evidence. *Dermatol Pract Concept*, 2(4). doi: 10.5826/dpc.0204a08

Rosendahl, C., Cameron, A., Argenziano, G., Zalaudek, I., Tschandl, P., Kittler, H. Dermoscopy of squamous cell carcinoma and keratoacanthoma. (2012). *Arch Dermatol*,148(12), 1386-1392. doi: 10.1001/archdermatol.2012.2974



Rosendahl, C., Tschandl, P., Cameron, A., Kittler, H. (2011). Diagnostic accuracy of dermatoscopy for melanocytic and nonmelanocytic pigmented lesions. J Am Acad Dermatol, 64(6), 1068-1073. doi: 10.1016/j.jaad.2010.03.03

Rosendahl, C., Cameron, A., Wilkinson, D., Belt, P., Williamson, R., & Weedon, D. (2012). Nail matrix melanoma: consecutive cases in a general practice. Dermatol Pract Concept, 2(2). doi: 10.5826/dpc.0202a13

Saida, T., Oguchi, S., Ishihara, Y. (1995). In vivo observation of magnified features of pigmented lesions on volar skin using video macroscope. Usefulness of epiluminescence techniques in clinical diagnosis. Arch Dermatol, 131(3), 298-304

Suzaki, R., Ishizaki, S., Iyatomi, H., & Tanaka, M. (2014). Age-related prevalence of dermatoscopic patterns of acral melanocytic nevi. *Dermatol Pract Concept*, 4(1):53-7. doi: 10.5826/dpc.0401a08

Stolz, W., Schiffner, R., Burgdorf, W.H. (2002). Dermatoscopy for facial pigmented skin lesions. *Clinics in Dermatology*, 20, 276-278

Soyer, H.P., Argenziano, G., Zalaudek, I., Corona, R., Sera, F., Talamini, R., Barbato, F., Baroni, A., Cicale, L., Di Stefani, A., Farro, P., Rossiello, L., Ruocco, E., & Chimenti, S. (2004). Three-point checklist of dermoscopy. A new screening method for early detection of melanoma. *Dermatology*, 208(1), 27-31.

Tanioka, M., Matsumura, Y., Utani, A., Tanaka, M., & Miyachi, Y. (2009). Occupation-related pigmented macules on the sole with parallel-ridge pattern on dermatoscopy. *Clin Exp Dermatol*, 34(5), 31-33. doi: 10.1111/j.1365-2230.2008.03134.x

Tanioka, M., Nakagawa, Y., Maruta, N., & Nakanishi, G. (2009). Pigmented wart due to human papilloma virus type 60 showing parallel ridge pattern in dermoscopy. *Eur J Dermatol*, 19(6), 643-644. doi: 10.1684/ejd.2009.0781

Tschandl, P., Rosendahl, C., & Kittler, H. (2015). Dermatoscopy of flat pigmented facial lesions. *J Eur Acad Dermatol Venereol*, 29(1), 120-127. doi: 10.1111/jdv.12483

Tschandl, P., Kittler, H., Schmid, K., Zalaudek, I., & Argenziano, G. (2014). Teaching dermatoscopy of pigmented skin tumours to novices: comparison of analytic vs. heuristic approach. *Journal of the European Academy of Dermatology and Venereology*, *29*(6), 1198-1204. doi:10.1111/jdv.12790

Tschandl, P., Rosendahl, C., & Kittler, H. (2012). Accuracy of the first step of the dermatoscopic 2-step algorithm for pigmented skin lesions. *Dermatol Pract Concept*, 2(3). doi: 10.5826/dpc.0203a08

Tschandl, P., Rosendahl, C., Kittler, H. (2015). Dermatoscopy of flat pigmented facial lesions. *J Eur Acad Dermatol Venereol*, 29(1), 120-7. Doi:10.1111/jdv.12483

Watanabe, S., Sawada, M., Ishizaki, S., Kobayashi, K., & Tanaka, M. (2014). Comparison of dermatoscopic images of acral lentiginous melanoma and acral melanocytic nevus occurring on body weight-bearing areas. *Dermatol Pract Concept*, 4(4), 47-50. doi: 10.5826/dpc.0404a08

Weedon, D., Mitchell, V. D., & Rosendahl, C. (2012). "Occult" Melanocytes in Nail Matrix Melanoma. American Journal of Dermatopathology, 24(8), 855. doi: 10.1097/DAD.0b013e3182545ccd



Zaballos, P., Blazquez, S., Puig, S., Salsench, E., Rodero, J., Vives, J.M., Malvehy, J. (2007). Dermoscopic pattern of intermediate stage in seborrhoeic keratosis regressing to lichenoid keratosis: report of 24 cases. *Br J Dermatol*, 157(2), 266-272.

Zaballos, P., Carulla, M., Ozdemir, F., Zalaudek, I., Bañuls, J., Llambrich, A., Puig, S., Argenziano, G., Malvehy, J. (2007). Dermoscopy of pyogenic granuloma: a morphological study. *Br J Dermatol*, 163(6),1229-1237. doi: 10.1111/j.1365-2133.2010.10040.x

Zaballos, P., Daufí, C., Puig, S., Argenziano, G., Moreno-Ramírez, D., Cabo, H., Marghoob, A.A., Llambrich, A., Zalaudek, I., Malvehy, J. (2007). Dermoscopy of solitary angiokeratomas: a morphological study. *Arch Dermatol*, 143(3), 318-325

Zalaudek, I., Kreusch, J., Giacomel, J., Ferrara, G., Catricalà, C., Argenziano, G. (2010). How to diagnose nonpigmented skin tumours: a review of vascular structures seen with dermoscopy: part II. Nonmelanocytic skin tumours. *J Am Acad Dermatol*, 63(3), 377-386

Zalaudek, I., Argenziano, G., Soyer, H.P., Corona, R., Sera, F., Blum, A., Braun, R.P., Cabo, H., Ferrara, G., Kopf, A.W., Langford, D., Menzies, S.W., Pellacani, G., Peris, K., Seidenari, S. (2006). Three-point checklist of dermoscopy: an open internet study. *Br J Dermatol*, 154(3), 431-437

Zalaudek, I., Docimo, G., & Argenziano, G. (2009). Using Dermoscopic Criteria and Patient-Related Factors for the Management of Pigmented Melanocytic Nevi. *Arch Dermatol*, 145(7), 816–826. doi: 10.1001/archdermatol.2009.115

Zalaudek, I., Giacomel, J., Schmid, K., Bondino, S., Rosendahl, C., Cavicchini, S., Tourlaki, A, Gasparini, S., Bourne, P., Keir, J., Kittler, H., Eibenschutz, L., Catricalà, C., Argenziano, G. (2012). Dermatoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: a progression model. *Journal of the American Academy of Dermatology*, 66, 589-5897

Zalaudek, I., Giacomel, J., Schmid, K., Bondino, S., Rosendahl, C., Cavicchini, S., Tourlaki, A., Gasparini, S., Bourne, P., Keir, J., Kittler, H., Eibenschutz, L., Catricalà, C., & Argenziano, G. (2012). Dermatoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: a progression model. *J Am Acad Dermatol*, 66(4), 589-97. doi: 10.1016/j.jaad.2011.02.011

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1	9/11/2017	C Guyler	Added this table to track amendments.

All changes must be approved by the Head of Course Development/Curriculum.