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I. PARTICIPATING FACULTY

Program Director: Jane L. Messina, MD

Participating Faculty Members (Location):

USF Department of Dermatology
- Basil Cherpelis, MD
- George Cohen, MD
- Mary Lien, MD-SITE DIRECTOR
- Philip Shenefelt, MD

USF Dermatopathology
- Jane L. Messina, MD-SITE DIRECTOR
- Cherylynn Bodden, HT (ASCP)

Moffitt Cancer Center Pathology
- Soner Altio, M.D., pulmonary pathology and cytopathology
- Marilyn Bui, MD, sarcoma and breast pathology
- Barbara Centeno, MD, gastrointestinal pathology, cytopathology
- Domenico Coppola, M.D., gastrointestinal pathology
- Shohreh Dickinson, MD, genitourinary pathology
- Masoumeh Ghasouri, MD, general surgical pathology
- Ardeshir Hakam, M.D., gynecologic pathology, cytopathology
- Pedro Horna, MD, hematopathology
- Farah Khalil, MD, pulmonary pathology
- Marino Leon, MD, genitourinary, otolaryngologic pathology, cytopathology
- Timothy McCardle, M.D., dermatopathology
- Mojdeh Naghiapour, M.D., hematopathology
- Jane L. Messina, MD, dermatopathology-SITE DIRECTOR
- Lynn Moscinski, MD, hematopathology
- Prudence V. Smith, M.D., pulmonary pathology and sarcoma, cytopathology

Moffitt Cancer Center Dermatology Clinic
- L. Frank Glass, MD

James A. Haley VA Hospital Pathology
- Drazen Jukic, MD, dermatopathologist-SITE DIRECTOR
- Jennifer Reed, MD, surgical pathologist and chief of surgical pathology
- Leah Strickland-Marmol, MD, surgical pathologist
- Nicole Esposito, MD, surgical pathologist, pathology residency co-director
- L. Brannon Thomas, MD, surgical pathologist
- Nazeel Ahmad, MD, surgical pathologist
- Jean Guffey-Johnson, MD, surgical pathologist
- Andrew Borkowski, MD, surgical pathology and molecular pathologist
II. INTRODUCTION

The Moffitt/USF dermatopathology fellowship is a two-year, ACGME-accredited fellowship, funded by the Moffitt Cancer Center (MCC) and administered jointly by the USF Departments of Dermatology, Pathology and Cell Biology. It is open to applicants who have completed either a pathology or dermatology residency. The fellowship draws from the complementary strengths of the dermatopathology services at its three participating institutions and comprises one year of clinical dermatopathology and one year of research. At MCC, the fellow is exposed to a highly specialized practice with experts in diagnosis and treatment of melanoma (approximately 1,500 patients/year), Merkel cell carcinoma, cutaneous sarcoma, and cutaneous lymphoma. At USF, the high volume dermatopathology service is responsible for interpreting biopsies from approximately 30,000 patients/year, comprising a well-rounded patient mix of inflammatory disease and neoplasms. At the VA hospital, dermatopathology comprises a large portion of the anatomic pathology volume (approximately 8,000 cases/year). The fellow acquires skills by a combination of active participation in signout with pre-reading of cases, teaching of pathology and dermatology residents as well as surgical oncology fellows, coverage of MCC Cutaneous Oncology Multidisciplinary Conference and didactic teaching by faculty. By integrating clinical and bench research experience based at MCC into the curriculum beginning in 2008, the fellowship strives to establish a nationally prominent program with an emphasis on graduating fellows fully prepared for academic practice.

The Dermatopathology Fellowship at the University of South Florida College of Medicine emphasizes basic and advanced principles of inflammatory and neoplastic dermatopathology, including application of ancillary techniques such as immunofluorescence, immunohistochemistry, fluorescence in situ hybridization, and flow cytometry to skin specimens. This is supplemented by training in surgical and cytopathology for fellows trained in dermatology, and clinical dermatology for fellows trained in pathology.

III. Core Competencies and Skills of a Fully-trained Dermatopathologist

The fellow is expected to achieve proficiency in the core competencies of the Accreditation Council for Graduate Medical Education (ACGME) (www.acgme.org/acWebsite/RRC_080/080_prIndex.asp) as they apply to dermatopathology. Using these competencies as a guideline, the knowledge and skills the fellow will be able to demonstrate at the conclusion of the program are as follows:

- Patient Care
  - Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  - Fellows must demonstrate proficiency in reviewing and diagnosing dermatopathological specimens, and must demonstrate proficiency in diagnosing skin disorders by direct inspection and microscopy using histochemical techniques, including Mohs micrographic frozen sections.
  - Be able to formulate a differential diagnosis for skin biopsies with inflammatory and neoplastic disease
  - Be able to craft a pathology report that is useful to clinicians treating skin disease
  - Triage specimens for evaluation by ancillary studies whenever applicable.
- Know the proper indications for ordering special stains
- Critically select and evaluate immunohistochemical panels and to interpret the results of tests.

**Medical Knowledge**

- Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- Fellows must demonstrate proficiency in dermatopathology, including the related basic sciences and laboratory and clinical sciences, through application to their practice, as well as performance on objective exams.
- Know the basic algorithm for diagnosis of inflammatory skin disease by pattern recognition
- Know the basic differential diagnosis for each major reaction pattern
- Know the most common benign and malignant neoplasms of skin
- Know the most common adnexal neoplasms of the skin
- Know the preparatory techniques/procedures relating to processing and staining skin specimens
- Understand issues of quality control, quality assurance and quality improvement as well as regulatory issues as they apply to dermatopathology.
- Understand the principles and methods of the special techniques for workup of skin disease, including histochemical stains, immunohistochemical stains, and immunofluorescence staining.

**Practice-based Learning and Improvement**

- Fellows are expected to develop skills and habits to be able to meet the following goals:
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; Utilize the feedback receiving during signout to improve knowledge base and diagnostic accuracy.
- Read scientific journals regularly and integrate knowledge to improve patient care.
- Participate in continuing education courses and educational activities of the Departments of Dermatology and Pathology
- Participate in QA/QC activities to improve patient care.

**Interpersonal and Communication Skills**

- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- Concisely and clearly discuss skin biopsy findings with other health care professionals.
- Be able to run the pathology portion of Cutaneous Oncology Multidisciplinary Conference if needed
- Participate in the teaching of pathology and dermatology residents and medical students
- Participate and deliver dermatopathology unknown conference to dermatology residents quarterly

- Professionalism
  - Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Comply with HIPAA standards.
  - Professional and respectful behavior to all staff and patients
  - Prompt attendance at all required conferences and clinical duties

- Systems-based Practice
  - Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
  - Fellows must demonstrate the ability to establish and operate a dermatopathology laboratory, and to supervise and train laboratory personnel. Understand the utilization of various preparatory and special staining techniques.
  - Understand the importance of providing an accurate and timely dermatopathology report.
  - Know the administrative structure of the Dermatopathology Lab and the role of each member, including the clerical staff, the laboratory staff, the histotechnologists, and the laboratory supervisor.
  - Participate in dermatopathology consultative services involving the USF dermatology clinic or other clinics as needed.

The curriculum outlined in the rotation descriptions documents the specific skills and competencies the fellow is expected to achieve upon completion of each of the rotations.

IV. ROTATION SCHEDULE

There are two rotation schedules, based on the background of the fellow. All fellows, regardless of background, will spend the first four months at USF in dermatopathology full time. The remaining eight months are spent in dermatopathology in the mornings, and surgical pathology/cytopathology or dermatology clinic in the afternoon. Daily rotation schedules with attending assignments are distributed on a monthly basis at the participating institutions. The sample provided is for a fellow on a one-year schedule. Fellows on a two-year schedule will intercalate clinical and research time in two-month intervals, so that the curriculum spans the entire two years.

ROTATION SCHEDULE FOR DERMATOPATHOLOGY FELLOW TRAINED IN PATHOLOGY

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Dermatopathology Fellowship Handbook 2011-2012
V. CURRICULUM, INCLUDING ROTATION-SPECIFIC COMPETENCIES

A. USF DERMATOPATHOLOGY

INTRODUCTION
All dermatopathology fellows will begin their fellowship training at USF Dermatopathology, spending the first four months at this institution full time. In addition, all fellows return to USF for their last two months of training for morning dermpath signout.

FACILITY/RESOURCES
The USF Dermatopathology Laboratory is located in the USF Medical Clinics and provides dermatopathology services for a variety of community and university dermatologists. With approximately 30,000 accessions annually, the laboratory offers basic slide processing and staining, as well as automated immunohistochemistry, histochemical, immunohistochemical, and immunofluorescence staining.

FACULTY IN CHARGE OF ROTATION
Jane L. Messina, MD

PARTICIPATING STAFF
Cherylynn Bodden, HT (ASCP)

SKILLS AND COMPETENCIES

- Medical Knowledge
  1. Know the basic algorithm for diagnosis of inflammatory skin disease by pattern recognition
  2. Know the basic differential diagnosis for each major reaction pattern
  3. Know the most common benign and malignant neoplasms of skin
  4. Know the most common adnexal neoplasms of the skin
  5. Know the preparatory techniques/procedures relating to processing and staining skin specimens
  6. Understand issues of quality control, quality assurance and quality improvement as well as regulatory issues as they apply to dermatopathology.
7. Understand the principles and methods of the special techniques for workup of skin disease, including histochemical stains, immunohistochemical stains, and immunofluorescence staining.

- **Patient Care**
  1. Be able to formulate a differential diagnosis for skin biopsies with inflammatory and neoplastic disease
  2. Be able to craft a pathology report that is useful to clinicians treating skin diseases
  3. Triage specimens for evaluation by ancillary studies whenever applicable.
  4. Know the proper indications for ordering special stains
  5. Critically select and evaluate immunohistochemical panels and to interpret the results of tests.

- **Practice-Based Learning and Improvement**
  1. Utilize the feedback receiving during signout to improve knowledge base and diagnostic accuracy.
  2. Read scientific journals regularly and integrate knowledge to improve patient care.
  3. Participate in continuing education courses and educational activities of the Departments of Dermatology and Pathology
  4. Participate in QA/QC activities to improve patient care.

- **Interpersonal and Communication Skills**
  1. Concisely and clearly discuss skin biopsy findings with other health care professionals.
  2. Be able to run the pathology portion of Cutaneous Oncology Multidisciplinary Conference if needed
  3. Participate in the teaching of pathology and dermatology residents and medical students

- **Professionalism**
  1. Comply with HIPAA standards.
  2. Professional and respectful behavior to all staff and patients.

- **Systems Based Practice**
  1. Understand the utilization of various preparatory and special staining techniques.
  2. Understand the importance of providing an accurate and timely dermatopathology report.
  3. Know the administrative structure of the Dermatopathology Lab and the role of each member, including the clerical staff, the laboratory staff, the histotechnologists, and the laboratory supervisor.
  4. Participate in dermatopathology consultative services involving the USF dermatology clinic or other clinics as needed.

**SPECIFIC DUTIES OF THE FELLOW**

The fellow will participate in all aspects of daily signout. Each morning, they will review as many of the new cases as possible independently, before signout with the attending. They will record their diagnosis directly on the requisition, using a list of abbreviations provided by the administrative assistant, and compare it to the final diagnosis rendered by the attending during signout. During signout, difficult cases are triaged to the fellow for further study, which may include literature search, consideration of
further workup by stains, or dictation depending on the skills and progressive responsibility assigned to the fellow. All cases that can be coded are sent to transcription for creation of a final report. Approximately 60-70% of the daily workload is signed out in this manner with the attending by noon daily. Cases that come out later in the morning are reviewed independently by the fellow in the afternoon for review with the attending the following morning. The afternoon is also spent reviewing and working up difficult cases, dictating cases that are assigned by the attending during the morning, or in independent study.

EVALUATION

The fellow is evaluated daily during signout, and feedback is given in an interactive verbal fashion. Formal written evaluations take place monthly through the online evaluation system and are reviewed with the fellow at the semiannual evaluation. 360 evaluations are also performed by members of the laboratory staff.

B. MOFFITT CANCER CENTER DERMATOPATHOLOGY/SURGICAL PATHOLOGY/CYTOPATHOLOGY

INTRODUCTION

All dermatopathology fellows, regardless of background, will also participate in daily dermatopathology sign-out at Moffitt Cancer Center for half of each day four months. The dermatology-trained dermatopathology fellow also spends half of his/her effort for six months of the one-year fellowship in surgical pathology at the Moffitt Cancer Center. During this time, the fellow rotates through all branches of surgical pathology, including sarcoma, breast, genitourinary, gastrointestinal, gynecological, pulmonary, hematopathology, and cytopathology. The fellow will be exposed to the principles of gross dissection and description of all organ systems, including skin, frozen section techniques, and basic techniques in tissue processing and staining. The fellow will also participate in teaching of medical students and non-pathology residents such as surgical oncology fellows that rotate in the elective in surgical pathology at MCC.

GENERAL DESCRIPTION OF FACILITY AND RESOURCES

The H. Lee Moffitt Cancer Center is an NCI-designated comprehensive cancer center that includes inpatient treatment, surgery, a bone marrow transplant center, and records over 130,000 outpatient visits a year. In 2010, the pathology laboratory accessioned approximately 10,000 surgical specimens, 1,000 bone marrow biopsies, and 2,000 cytology specimens. Immunohistochemical staining and flow cytometry are performed on site.

FACULTY IN CHARGE OF ROTATION

Jane L Messina, M.D., Dermatopathologist

PARTICIPATING FACULTY AND STAFF

Soner Altiok, M.D., pulmonary pathology and cytopathology

Dermatopathology Fellowship Handbook 2011-2012
SKILLS AND COMPETENCIES

PATIENT CARE
The fellow is expected to:
Gather accurate and essential information from the pathology requisition, patient electronic medical record, and clinicians in order to achieve maximum clinical correlation in the sign-out of cases.
Display developmental skills (if dermatology trained) in the gross description and dissection of a wide range of easy to moderately complex surgical pathology specimens.
Become competent in the preparation and staining of cytology smears from fine needle aspirations and touch preparations.
Make informed decisions to arrive at the most accurate possible preliminary diagnosis for each surgical pathology, cytopathology, or hematopathology case for which the fellow is responsible.

MEDICAL KNOWLEDGE
The fellow is expected to:
Know the gross and microscopic findings of a broad, selected group of general surgical pathology diagnoses (see chart below).
Understand the method of pathologic tumor staging based on the AJCC criteria, and know how to apply these principles to the gross dissection and microscopic sign-out of specimens.
Accurately diagnose benign and malignant skin neoplasms, with an emphasis on malignant melanoma.
Display development knowledge in the differential diagnosis of inflammatory skin diseases using the algorithmic method based on pattern analysis.

PRACTICE-BASED LEARNING
The fellow is expected to:
Demonstrate responsiveness to criticism and a willingness to improve practice based on daily interactions with teaching faculty and P.A.’s.
Identify areas for improvement of gross dissection and diagnostic skills based on feedback receiving during daily sign-out.
Undertake graduated responsibility in the signout of specimens, beginning with review of slides and progressing to dictation of report in preparation for sign-out.
Participate in all required institutional conferences to enhance knowledge base.
INTERPERSONAL AND COMMUNICATION SKILLS
The fellow is expected to:
Provide effective and professional consultation to other physicians and health care professionals in order to maximize patient care.
Participate as an active member in departmental conferences, Cutaneous Oncology multidisciplinary conference, and hospital wide fellow conferences.
Interact with rotating students, residents, and fellows in order to transmit dermatopathology knowledge.

PROFESSIONALISM
The fellow is expected to:
Demonstrate respect, compassion, and integrity in relationships with patients, families, and colleagues.
Demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues.
Adhere to principles of confidentiality, scientific/academic integrity and informed consent.
Accept constructive criticism and adapt when necessary.

SYSTEMS-BASED PRACTICE
The fellow is expected to:
Understand the role of the pathology laboratory in the context of the hospital-based healthcare delivery system.
Practice cost-efficient practice with respect to the workup of challenging pathology cases.
Learn the principles of laboratory management and quality assurance.
Understand the techniques used in laboratory accreditation.
Learn responsible and ethical coding and billing procedures.

SPECIFIC DUTIES OF THE FELLOW

Daily Dermatopathology Sign-out: Each morning, the fellow meets with Dr. Messina or Dr. McCardle for daily sign-out of all dermatopathology specimens that have been reviewed from the prior day. This includes surgical and outside consultation slides. At the end of each day’s sign-out, the fellow will be assigned several cases to dictate on their own, for sign-out with the attending the next day. This will increase in number and difficulty throughout the rotation.

General Surgical Pathology (Dermatology-trained fellows only): The fellow will be given a rotation schedule at the beginning of each month, assigning them to a specific attending pathologist to meet with for daily afternoon signout. For the first two weeks of the rotation, the fellow will be assigned to the gross room for training in gross examination and dissection of surgical pathology specimens, under the supervision of the chief pathology assistant. The fellow will also be assigned to cover frozen section duty once a week thereafter, where they will be trained in the techniques of cutting, staining, and interpreting frozen sections. The fellow will also be assigned to cytopathology one afternoon a week. The remaining afternoons will be spent with the attending faculty in signout of a variety of surgical and hematopathology specimens.
Basic Techniques in Specimen Processing and Staining: During the second month of the rotation, the fellows will be required to meet with Ms. Debbie Bir, chief histotechnologist, and schedule two mornings to spend in the histology laboratory learning the principles of specimen fixation, processing, embedding, cutting, and routine, histochemical, and immunohistochemical staining. This time will include sitting with the technologists performing these procedures, and if time permits, performing these procedures on a case.

EVALUATION
At the end of the rotation, each faculty member will be required to fill out a rotation evaluation form in New Innovations. In addition, the fellow will be evaluated by at least three members of the ancillary staff they work with, via electronic evaluation through the GME website (360 evaluation).

C. VA HOSPITAL ROTATION IN DERMATOPATHOLOGY AND SURGICAL PATHOLOGY

INTRODUCTION
All dermatopathology fellows, regardless of background, will participate in daily dermatopathology sign-out at the James A Haley VA Hospital for half of each day for two months. The dermatology-trained dermatopathology fellow also spends half of his/her effort for two months of the one-year fellowship in surgical pathology at the VA. The fellow will be exposed to the principles of gross dissection and description of all organ systems, including skin, frozen section techniques, and basic techniques in tissue processing and staining. The fellow will also participate in teaching of medical students that may be rotating at the VA.

GENERAL DESCRIPTION OF FACILITY AND RESOURCES
The James A Haley VA Hospital is the busiest VA hospital in its region. Over 20,000 surgical specimens are processed there each year, of which approximately 25-30% are dermatopathology specimens. There is a mix of specimen types in general surgical pathology that affords the fellow broad exposure to basic surgical pathology tenets and concepts. Immunohistochemical staining and flow cytometry are performed on site.

FACULTY IN CHARGE OF ROTATION
Drazen Jukic, M.D., Dermatopathologist

PARTICIPATING FACULTY AND STAFF
Jennifer Reed, MD, surgical pathologist and chief of surgical pathology
Leah Strickland-Marmol, MD, surgical pathologist
Nicole Esposito, MD, surgical pathologist, pathology residency co-director
L. Brannon Thomas, MD, surgical pathologist
Nazeel Ahmad, MD, surgical pathologist
Jean Guffey-Johnson, MD, surgical pathologist
Andrew Borkowski, MD, surgical pathology and molecular pathologist
Carlos Muro-Cacho, MD, PhD, sarcoma pathologist and surgical pathologist
1. Educational Objectives:

PATIENT CARE
The fellow is expected to:
Gather accurate and essential information from the pathology requisition, patient electronic medical record, and clinicians in order to achieve maximum clinical correlation in the signout of cases. Display developmental skills (if dermatology trained) in the gross description and dissection of a wide range of easy to moderately complex surgical pathology specimens. Be competent in the preparation and staining of cytology smears from fine needle aspirations and touch preparations. Make informed decisions to arrive at the most accurate possible preliminary diagnosis for each surgical pathology, cytopathology, or hematopathology case for which the fellow is responsible.

MEDICAL KNOWLEDGE
The fellow is expected to:
Know the gross and microscopic findings of a broad, selected group of general surgical pathology diagnoses. Understand the method of pathologic tumor staging based on the AJCC criteria, and know how to apply these principles to the gross dissection and microscopic signout of specimens. Accurately diagnose benign and malignant skin neoplasms, with an emphasis on malignant melanoma. Display developmental knowledge in the differential diagnosis of inflammatory skin diseases using the algorithmic method based on pattern analysis.

PRACTICE-BASED LEARNING
The fellow is expected to:
Demonstrate responsiveness to criticism and a willingness to improve practice based on daily interactions with teaching faculty and P.A’s. Identify areas for improvement of gross dissection and diagnostic skills based on feedback received during daily signout. Undertake graduated responsibility in the signout of specimens, beginning with review of slides and progressing to dictation of report in preparation for signout. Participate in all required institutional conferences to enhance knowledge base.

INTERPERSONAL AND COMMUNICATION SKILLS
The fellow is expected to:
Provide effective and professional consultation to other physicians and health care professionals in order to maximize patient care. Participate as an active member in departmental conferences, Cutaneous Oncology multidisciplinary conference, and hospital wide fellow conferences. Interact with rotating students, residents, and fellows in order to transmit dermatopathology knowledge.

PROFESSIONALISM
The fellow is expected to:
Demonstrate respect, compassion, and integrity in relationships with patients, families, and colleagues. Demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues. Adhere to principles of confidentiality, scientific/academic integrity and informed consent. Accept constructive criticism and adapt when necessary.
SYSTEMS-BASED PRACTICE

The fellow is expected to:
Understand the role of the pathology laboratory in the context of the hospital-based healthcare delivery system. Practice cost-efficient practice with respect to the workup of challenging pathology cases. Learn the principles of laboratory management and quality assurance. Understand the techniques used in laboratory accreditation. Learn responsible and ethical coding and billing procedures.

2. Mechanism for Formal Resident Evaluation: At the end of the rotation the fellow will be given a comprehensive surgical pathology unknown exam to be completed within one hour. The final exam score, as well as the input each of the pathology staff, will be used in assessing the performance of the fellow. A formal evaluation form will be completed in New Innovations. Emphasis will be placed upon the level of responsibility, professionalism, rapport/communication, fundamental pathology knowledge and diagnostic acumen.

3. Other:

**Daily Dermatopathology Sign-out:** The fellow will be issued approximately 30 dermpath cases every day at approximately noon. The fellow is expected to review each case and to formulate a diagnostic differential prior to sign-out the next day starting at 8:00 a.m. Sign-out period will occur each morning. The fellow will be responsible for ordering specials and immunostains, and will be given progressive responsibility for entering pre-signout diagnoses in the EMR before signout pending demonstration of appropriate diagnostic skills and responsibility.

**The JAHVA surgical pathology rotation** for the dermatology-trained fellow is two months in duration. During these two months, the resident will be expected to integrate the basic knowledge learned in the first four months of surgical pathology at Moffitt and to participate with the pathology house staff performing more advanced grossing preparation, microscopic diagnoses and conference/teaching responsibilities.

**Gross Description and Frozen Section Coverage:** The fellow will rotate at least once a week in the grossing area. The fellow will gross under the supervision of the Chief Resident or Pathology Physician Assistant assigned to specimens at varying times during, prior or after, other teaching/conference or sign-out times. Attempts will be made to assure that the fellow is assigned skin specimens including punch, shave and excisional specimens in addition to an occasional non-cutaneous (i.e. colon) specimen. The fellow will not gross more than 20 specimens per day. The fellow will be assigned frozen section duty on an every three day basis and will be expected to arrive at the frozen section room promptly (within five minutes) of notification. Frozen sections begin at 7:30 a.m. and end at 4:00 p.m. The fellow will assist the assigned attending pathologist in the preparation and reporting of the frozen section diagnosis.

**Surgical Pathology Sign-Out:** Upon completion of dermatopathology signout, the fellow will participate in surgical pathology signout each afternoon. A rotation schedule will assign the fellow to a specific faculty member on a daily basis; the fellow is expected to attend signout, participate in the workup of cases, including ordering of special stains, if dermatopathology signout is completed early in the morning, the fellow may have the opportunity to pre-read slides for afternoon signout prior to sign-out with an assigned surgical pathologist.
D. USF OR MCC DERMATOLOGY CLINIC

INTRODUCTION: The dermatopathology fellow will spend each afternoon of the final eight months of training in dermatology clinic, seeing patients alongside and in the same capacity as the dermatology residents. During this time, they are expected to evaluate at least 1000 dermatology patients.

GENERAL DESCRIPTION OF FACILITIES/RESOURCES: There are two sites that participate in this training: Moffitt Cancer Center and USF Clinics at the Morsani Center. At Moffitt Cancer Center, the clinic experience encompasses oncologic dermatology, especially cutaneous lymphoma, melanoma, and nonmelanoma skin cancers. At USF, there is a wide variety of cases encompassing all age groups, with benign and malignant diseases and medical, surgical, and cosmetic dermatology. A Mohs clinic at USF affords the fellow exposure to these cases. The clinic schedule is produced and distributed by email monthly by the dermatology residency coordinator, Ms. Sally Lamar.

FACULTY:

Moffitt Cancer Center: L. Frank Glass, MD
USF Morsani: George Cohen, MD
Mary Lien, MD
Basil Cherpelis, MD
Philip Shenefelt, MD

Logs
Pathology-trained fellows are expected to keep a log of the patients they see in clinic, with patient sex, age, and clinical diagnosis.

EDUCATIONAL OBJECTIVES

Patient Care
- Diagnosis and treatment of common dermatologic diseases
- KOH preps and Tzanck preps
- Skin biopsies including shave, punch, and excisional
- Cryosurgery and electrosurgery
- Participate in diagnosis and treatment of more advanced dermatopathologic entities (e.g. consults from primary care physicians) under supervision of senior resident
- Participate in at least one sentinel lymph node biopsy surgical case while at Moffitt

Medical Knowledge
- Formulate an appropriate differential diagnosis.
- Formulate a working treatment plan of common dermatologic disorders.
- Attendance at didactic courses and conferences.
- Become familiar with the evaluation and care of outpatient consultations from primary care physicians, as well as dermatologists in the community.

Practice Based Learning and Improvement
- Writing progress notes that are complete, concise, timely and descriptive of the patient’s conditions.
- Use information technology to access and manage information, support patient care decisions and enhance patient and physician education
- Active participation in Journal Club

Interpersonal and Communication
- Interrelate with both the patient and family concerning the present illness, prognosis, proposed intervention and the psychosocial consequences and indicated preventive measures.
- Learn how to function as a member of the health care team working harmoniously and effectively with peers, nursing and other involved personnel and administrators.
- Start to develop teaching skills with students.

Professionalism
- Interrelate with both the patient, family members and members of the healthcare team, demonstrating respect, compassion, integrity and altruism.
- Prompt attendance at required didactic courses and conferences.

Systems Based Practice
- Function as member of health care team along with rotating medical students and residents
- Perform as day call resident to answer common questions and concerns from patients, pharmacies and insurance companies.
- Learn basic principles of coding and billing procedures

At the end of the rotation, the fellow is evaluated by all faculty with whom they have attended clinic.

VI. GRADUATED RESPONSIBILITY
As the fellow progresses through their fellowship, as they acquire knowledge and skills, they are gradually given more responsibility. The following is a list of the progressive duties and responsibilities that fellows will be required to assume throughout the year:

Dermatopathology: Throughout the year of training, the fellow will assume progressive responsibility for all the steps involved in production of a complete, thorough dermatopathology report, until they are ultimately ready to have full competency in this process, as follows:

USF:
- Months 1-2: pre-read as many cases as possible, recording diagnosis on report draft, usually one-half total daily volume. Attending reviews every case before release of final report.
- Months 3-4: pre-read increasing number of cases, to include nearly all of daily volume by end of month 4. May order histochemical and immunohistochemical stains on cases before reviewing with attending. Attending reviews every case before release of final report.
- Months 5-6: pre-read all cases, may turn in coded cases to transcription for final report generation before signout with attending, dictate difficult cases after review with attending. Attending reviews every case before release of final report.

MCC:
- Month 1: pre-read as many cases as possible, recording diagnosis on report draft, usually one-half total daily volume. Cases dictated by attending while signing out with fellow. Fellow may proofread dictated report before attending reviews and releases final report.
- Month 2: pre-read increasing number of cases, to include nearly all of daily volume by end of month 2. May order histochemical and immunohistochemical stains on cases before reviewing with attending. Cases dictated by attending while signing out with fellow. Fellow may proofread dictated report before attending reviews and releases final report.
- Months 3-4: pre-read all cases, dictate every case before final proofreading and signout with attending. Attending reviews every case before release of final report.

VA:
- Month 1: pre-read as many cases as possible, recording diagnosis on report draft, by end of month will be able to handle almost entire daily volume. After familiarized with computer system, case drafts can be entered into computer by fellow after review with attending. Attending reviews and releases final report.
- Month 2: pre-read all cases, may order histochemical and immunohistochemical stains on cases before reviewing with attending. Enter draft report with diagnoses into computer before signout with attending. Attending reviews every case before release of final report.

Clinical Dermatology: In their dermatology rotation the fellows develop increasing levels of responsibility over a period of one-two years. Similar to the residents in dermatology, they obtain a history and perform a physical exam on every patient whether outpatient or inpatient. Each patient is then seen by the faculty member who verifies the findings, reconciles any differences, educates, and a care plan is developed.

Early in the year, they receive immediate evaluation and feedback. They evaluate the patient, perform a physical exam and develop a differential diagnosis. They present the case to the faculty member, who subsequently re-examines the patient and corroborates the resident’ history and exam. A working diagnosis is then obtained after discussing the nuances of the differential diagnoses with the resident, and a care plan is then developed by the faculty member, conveyed to the patient and reinforced by the fellow. The fellow is responsible for writing or dictating the clinic note. As the year progresses, the fellow learns how to perform minor surgical procedures such as skin biopsies, cryosurgery, and electrodessication and curettage. These procedures are performed with direct on-site supervision by an attending physician.

Fellows also assist on occasion the dermatology inpatient resident at Moffitt during the preparation for consult teaching rounds. Fellows in their last months of training will independently see inpatient or clinic consults at Moffitt before staffing with the attending. The fellows have no “day call,” or “on call” assignments.

Surgical pathology and cytopathology: There is less opportunity for graduated responsibility during this rotation, due to half-day nature of the experience, which lends itself to more of an observational experience better suited to the fellow’s lack of surgical pathology background. There is limited opportunity for graduated responsibility in the form of grossing more complex specimens by the end of the two week experience, and cutting of frozen sections. Fellows may be given the opportunity to dictate large, complex cases that require background research in the last months of their experience. They may also be given the freedom to order special stains before signout with the attending in the last months of the experience.
VII. OTHER ASSIGNMENTS

A. REQUIRED READING

The fellow is expected to devote significant time to reading the major dermatopathology texts and primary source material throughout their entire training period. There is a library of textbooks at USF Dermatopathology.

The following standard references are required reading and available in the dermpath library at USF:
1) Weedon, D. Weedon's Skin Pathology, 3rd edition, 2009
3) Barnhill, R. Dermatopathology, 3rd edition, 2010
4) Ackerman, AB. Histology Diagnosis of Inflammatory Skin Disease, 2005.

Additional Reading for the Fellowship available at USF

1. Enziger and Weiss, Soft Tissue Pathology
2. Barnhill, Pathology of Melanocytic Nevi and Malignant Melanoma
3. CAP checklist for surgical pathology
4. Dermatopathology laboratory principles reading module

The USF Dermatopathology Lab has a large collection of glass-slide teaching cases, categorized by subject. Fellows have access to this collection during their fellowship, and can use this collection as a source for cases for the dermatopathology unknown conference (see below).

B. CONFERENCES/TEACHING

<table>
<thead>
<tr>
<th>Name of Conference</th>
<th>Frequency</th>
<th>Location</th>
<th>Responsible Department</th>
<th>Required?</th>
<th>Attendance Taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidisciplinary Fellows Conference</td>
<td>Monthly</td>
<td>MCC</td>
<td>Hematology And Medical Oncology through Moffitt GME office</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Core Lecture Series Fellow Conference</td>
<td>Twice Weekly for 2 months</td>
<td>MCC</td>
<td>Moffitt Graduate Medical Education</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Pathology Residency Introductory Lectures</td>
<td>Daily in July-Aug, 8-9 a.m.</td>
<td>USF</td>
<td>USF Pathology Faculty</td>
<td>Certain lectures required for derm-trained fellow</td>
<td>YES</td>
</tr>
<tr>
<td>Dermatology Grand Rounds</td>
<td>Monthly (1st Monday 7:30 – 8:30 am)</td>
<td>USF</td>
<td>USF Dermatology Residents</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Morphology Conference</td>
<td>Monthly (2nd Monday 7:30 – 8:30 am)</td>
<td>USF</td>
<td>Neil A. Fenske, MD</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Dermatology Journal Club</td>
<td>Monthly (3rd Mon. 7:30 –</td>
<td>USF</td>
<td>USF Dermatology</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
C. Research
There has been an enhanced emphasis on research over the past 5 years, and it is considered an integral part of the program. The program has been expanded to 2 years, within a year’s time to be integrated throughout the clinical schedule. Beginning in 2007, the fellowship is offered as a two-year training interval to allow the fellow to participate in research. The purpose of this is to recruit and retain fellows with potential to enter academic practice. The fellowship core curriculum will be unchanged, but the core one year rotations will be spread out over two years, intercalating with research in two month intervals. Research projects will be assigned by the fellowship director, with supervision by attending faculty in the Cutaneous Oncology Department at Moffitt Cancer center, as well as core faculty at USF or VA. The purpose is to provide the fellow with experience in the daily practice of academic dermatopathology, especially pertaining to cancer patients such as those seen at Moffitt. All research projects take place at Moffitt, under the direction of a faculty member. The scope of projects that are considered appropriate may range from clinical/pathological correlation to basic bench research. The fellow’s involvement in research is valuable and enhances education in the core competencies. For example, the fellow gains medical knowledge about established and cutting-edge science as it applies to the project. As the fellow assimilates this information, opportunities may arise to evaluate his/her own standards of patient care and make improvements as needed. Furthermore, communication skills are refined as the fellow prepares and delivers the presentation. The fellow demonstrates a commitment to carrying out professional responsibilities by following the project through to completion. In addition, presentation at national meetings and publication in peer-reviewed journals is encouraged and is supported by the Department of Pathology and/or the Department of Dermatology upon individual approval.
VIII. EVALUATION

There are several forms of evaluation in the fellowship: the fellow is evaluated by faculty and other staff, the faculty is evaluated by the fellow, and the program is evaluated by both the fellows and faculty. The following procedures are used in evaluation:

EVALUATION OF THE DERMATOPATHOLOGY FELLOW

<table>
<thead>
<tr>
<th>Competency</th>
<th>Method of evaluation</th>
<th>Frequency of evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>Record review by attending (evaluation of case interpretations) with oral feedback</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Performance on dermatology in-training examination (pathology-trained fellow only)</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>Patient care</td>
<td>Review of accuracy of pathology reports by attending</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Review of patient differential diagnoses and clinical notes by attending</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Performance on dermatology in-training examination (pathology-trained fellow only)</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>Professionalism</td>
<td>360 evaluations by at least four non-physician staff in clinic or laboratory</td>
<td>Semi-annual</td>
</tr>
<tr>
<td></td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>Interpersonal/Communication skills</td>
<td>360 evaluations by at least four non-physician staff in clinic or laboratory</td>
<td>Semi-annual</td>
</tr>
<tr>
<td></td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>Practice-based learning and improvement</td>
<td>Record review by attending (evaluation of case interpretations) with oral feedback</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
<tr>
<td>Systems-based practice</td>
<td>Global rating by supervising faculty using New Innovations</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Summative evaluation based on monthly evaluations</td>
<td>Semi-annual</td>
</tr>
</tbody>
</table>

At the final semiannual evaluation before graduation, the above-noted forms will be reviewed with the fellowship, along with copies of all research projects, papers, and abstracts, as well as case logs of surgical pathology, cytopathology, dermatopathology cases and patient cases seen. This will be used to
compile the final summative evaluation of the fellow addressing their competencies for practice, and this will all be kept in the fellow’s file.

EVALUATION OF THE FACULTY BY THE FELLOW

The fellow will have the opportunity to evaluate the faculty anonymously once a year using the New Innovations online evaluation system. In order to preserve anonymity, the fellow will participate in this process at the same time as the dermatology and pathology residents, who are evaluating the same set of faculty members. Faculty members receive the results of these anonymous evaluations compiled on annual basis.

EVALUATION OF THE PROGRAM BY THE FELLOW

The fellow will have the opportunity to evaluate the program anonymously once a year using the New Innovations online evaluation system. In order to preserve anonymity, the fellow will participate in this process at the same time as the dermatology residents, who are evaluating the educational aspects of the dermatopathology training they receive. The program director will review these results annually. Based on the results, if the program director feels that any changes in the program need to be implemented, this will be discussed in the quarterly dermatology faculty meeting. If such changes are feasible, they will be implemented and evaluated the following year by the fellow in the same manner.

EVALUATION OF THE PROGRAM BY THE FACULTY

At the end of the year, the fellowship coordinator sends an evaluation form to all participating faculty. The results of these evaluations are compiled and discussed at an annual dermatopathology faculty meeting, attended by all site coordinators and faculty dermatopathologists.

PERFORMANCE IMPROVEMENT PLAN

The program director will review all evaluations of the program and its faculty once a year, including those completed by the fellow and any rotating residents, and the participating faculty. These will be summarized and presented in the quarterly dermatology faculty meeting attended by residents, fellow, and faculty. The minutes of this meeting are recorded. Proposed changes will be discussed and implemented if feasible. All participating will be given a chance to give feedback before changes are made.

IX. GENERAL GME POLICIES AND PROCEDURES

The dermatopathology fellowship is conducted under the auspices of the Institutional GME program at USF, and governed by all policies and procedures of USF GME. These can be found at http://health.usf.edu/medicine/gme/index.htm

Duty Hours

The fellows are expected to be present Monday-Friday from 7:30 am until conclusion of daily clinic or signout, generally by 6 p.m. The fellows are expected to stay until the work for the day is finished. There is no weekend call required. Thus, the fellow will have at least one day in seven free of duties.
The fellows will work 40 – 60 (no more than 80) hours per week, and have at minimum 8 hours (usually 10-12 hours) free between duty periods. The fellows are expected to report their duty hours bi-weekly via an online process established by the USF GME office. This is in accordance with GME Policy 208.

Moonlighting

Moonlighting is not permitted during the dermatopathology fellowship.

Grievance Policy

The formal procedure for handling fellow grievances is in accord with the institution's GME policy, outlined in the Housestaff Handbook. To minimize the possibility of a complaint rising to the level of a formal grievance, the program director has an open-door policy, and unfettered communication is stressed from the first day of fellowship. If a fellow has a concern regarding their treatment, workload, assigned duties or other issues, they have the ability to contact any of the following individuals:

1. Chief Residents in Pathology or Dermatology (depending on area of concern)
2. Coordinator of the Site that they are currently assigned to
3. Residency Directors in Pathology or Dermatology (depending on area of concern) or
4. Chairman of the Department of Pathology and Cell Biology or Department of Dermatology & Cutaneous Surgery (depending on area of concern).

The fellow can use their judgment in whom they feel is appropriate and whom they feel comfortable speaking with. If it involves a clinic issue, the dermatology faculty and residents would be most appropriate, and if it involves a pathology issue, the corresponding pathology site director or chief residents would be most appropriate. However, the program does not determine whom the fellow should speak to, and this policy is meant to encourage dialogue with any of these individuals and the fellow. After the issue is presented, the facts regarding the allegation are gathered, a small group of individuals are then convened to discuss the issues in further depth. At all times strict confidentiality is maintained. It is stressed that unless the fellow gives permission, other individuals are not involved. At the end of these session(s), if the fellow is not satisfied with the outcome, they are free to proceed with the Residency Grievance Process as outlined in the House Staff Handbook provided by the Graduate Medical Education Department of the College of Medicine at the University of South Florida. The GME office also offers confidential reporting of any issues on their website. The University has established policies for residents to file grievances. These are outlined in the resident manual for pathology. The fellow may reference GME Policies 218 and 228 which are available online at: http://health.usf.edu/medicine/gme/policies_procedures/staff.htm

Recruitment and Selection of Fellow

Applicants must have completed a dermatology or pathology residency and be board-eligible. Applicants are required to submit an application (posted on Moffitt website), CV, and three letters of reference, one of which must be from their residency program director. Priority will be given to applicants who have demonstrated an interest and aptitude in research, as evidenced by papers, abstracts, or organized research projects during residency.