

UNIVERSITY OF SOUTH FLORIDA AND MOFFITT CANCER CENTER
DEPARTMENT OF DERMATOLOGY
DEPARTMENT OF PATHOLOGY AND CELL BIOLOGY
DERMATOPATHOLOGY FELLOWSHIP HANDBOOK

Academic office: USF Department of Dermatology, 13330 USF Laurel Drive, 5th Floor, Tampa, FL 33612
Phone: 813-974-3070 Fax: 813-974-4272
Fellowship coordinator: Kandace Smith, ksmith3@health.usf.edu

Program website: <http://moffitt.org/for-physicians-healthcare-professionals/graduate-medical-education/derm--pathology>

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I. PARTICIPATING FACULTY

Program Director: Jane L. Messina, MD
 Moffitt Cancer Center, Department of Anatomic Pathology
 12902 Magnolia Drive Tampa, FL 33612
 Phone: 813-745-3910 Fax: 813-745-1708
Jane.messina@moffitt.org

Core Faculty Members (Location):

USF Department of Dermatology-USF Morsani Clinic Building, 13330 USF Laurel Drive, 6th Floor, Tampa, FL 33612

Christopher Nelson, MD
 Neil A. Fenske, MD
 Basil Cherpelis, MD

USF Dermatopathology-USF Morsani Clinic Building, 13330 USF Laurel Drive, 4th Floor

Paul Rodriguez-Waitkus, MD
 Cherylynn Bodden, HT (ASCP)

Moffitt Cancer Center Dermatology-Moffitt Cancer Center Rothman Clinic Building, 12902 Magnolia Drive, Tampa, FL

L. Frank Glass, MD
 Nishit Patel, MD

Moffitt Cancer Center Dermatopathology-Moffitt Cancer Center Hospital Building, 12902 Magnolia Drive, Tampa, FL

Timothy McCardle, MD

James A. Haley VA Hospital Dermatopathology-12900 Bruce B. Downs Blvd., Tampa, FL 33612

Leslie Turner, MD

Other participating faculty members:

Moffitt Cancer Center Anatomic Pathology

Soner Altiok, 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
 Jasrenman Dhillon, MD, genitourinary pathology and cytopathology
 Shohreh Dickinson, MD, genitourinary pathology

Masoumeh Ghayouri, MD, general surgical pathology
 Evita Henderson-Jackson, MD, sarcoma pathology
 Ardeshir Hakam, M.D., gynecologic pathology, cytopathology
 Kun Jiang, MD, gastrointestinal pathology
 Pedro Horna, MD, hematopathology
 Farah Khalil, MD, pulmonary pathology
 Laila Khazai, MD breast pathology
 Marino Leon, MD, genitourinary, otolaryngologic pathology, cytopathology
 Lynn Moscinski, MD, hematopathology
 Marilyn Rosa, MD, breast pathology
 Jason Savell, MD ENT pathology
 Elizabeth Sagatys, M.D., hematopathology
 Prudence V. Smith, M.D., pulmonary pathology and sarcoma, cytopathology

James A. Haley VA Hospital Pathology

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

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. The program has been continuously accredited by the ACGME since 2004. It is open to applicants who have completed either a pathology or dermatology residency and are board-eligible or board-certified in that specialty. 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 2010, 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 diseases
 - 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

- 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

- 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

Year 1

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|----|-----------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|
| AM | MCC DP | USF DP | MCC DP | USF DP | MCC RSCH | MC RSCH | MCC RSCH | MCC RSCH | DERM CLINIC | DP MCC | USF DP | ,CC DP |
| PM | MCC DP | USF DP | MCC DP | USF DP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | VA DP | DERM CLINIC | DERM CLINIC | DERM CLINIC |

Year 2

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|----|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|-------------|
| AM | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | DERM CLINIC | MCC DP | USF DP | MCC DP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH |
| PM | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | DP VA | DERM CLINIC | DERM CLINIC | DERM CLINIC | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH |

DERMATOLOGY CLINICS

When on afternoon clinic, the schedule is:

Monday Glass Moffitt

Tuesday Fenske 17 Davis

Wednesday Nelson USF

Thursday Glass Moffitt

Friday Clinical photography sessions with Dr. Rodriguez and dermatology chief residents

When on morning clinic, the schedule is:

Monday Fenske USF

Tuesday Nelson USF

Wednesday Lien USF

Thursday MCC

Friday MCC

ROTATION SCHEDULE FOR DERMATOPATHOLOGY FELLOW TRAINED IN DERMATOLOGY

Year 1

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|----|-----------|-----------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|
| AM | MCC DP | USF DP | MCC DP | USF DP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | VA DP | VA DP | MCC DP | MCC DP |
| PM | MCC DP | USF DP | MCC DP | USF DP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | VA SP/CP | VA SP/CP | MCC SP/DP | MCC SP/DP |

Year 2

| | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|----|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| AM | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | MCC DP | MCC DP | USF DP | USF DP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH |
| PM | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH | MCC SP/CP | MCC SP/CP | MCC SP/CP | MCC SP/CP | MCC RSCH | MCC RSCH | MCC RSCH | MCC RSCH |

DP=Dermatopathology Signout

SP/CP=Surgical and Cytopathology

V. CURRICULUM, INCLUDING ROTATION-SPECIFIC COMPETENCIES

A. USF DERMATOPATHOLOGY

INTRODUCTION

All Dermatopathology fellows will begin their fellowship training spending the first four months on full time Dermatopathology sign-out; two months will be at USF, and two months at MCC.

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

Paul Rodriguez-Waitkus, 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 sign-out 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 sign-out. Each morning, they will review as many of the new cases as possible independently, before sign-out 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 sign-out. During sign-out, 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 sign-out, 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 2013, the pathology laboratory accessioned approximately 12,000 surgical specimens, 2,000 bone marrow biopsies, and 4,000 cytology specimens. Immunohistochemical staining and flow cytometry are performed on site.

FACULTY IN CHARGE OF ROTATION

Jane L Messina, M.D., Dermatopathologist

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 sign-out 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 sign-out. 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 sign-out 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

Leslie Turner, M.D., Dermatopathologist

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 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 sign-out 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.

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-sign-out diagnoses in the EMR before sign-out 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 (ie. 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 sign-out, the fellow will participate in surgical pathology sign-out each afternoon. A rotation schedule will assign the fellow to a specific faculty member on a daily basis; the fellow is expected to attend sign-out, participate in the workup of cases, including ordering of special stains, If Dermatopathology sign-out is completed early in the morning, the fellow may have the opportunity to pre-read slides for afternoon sign-out prior to sign-out with an assigned surgical pathologist.

D. USF OR MCC DERMATOLOGY CLINIC

Logs

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

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

E. RESEARCH YEAR

The Dermatopathology fellow completes one year of research, integrated into the two-year fellowship in four month blocks. The activities that the fellow becomes involved in comprise a mixture of (1) authorship of scholarly publications, including manuscripts and book chapters, and (2) clinical and/or basic science research.

Purpose: As a fellowship based at an academic center and an NCI-accredited cancer center, the Dermatopathology fellowship is aimed at producing fellows who have both diagnostic skills as well as the credentials needed to pursue a career in academics. This is an area of need in this subspecialty field.

Mechanism: The fellow will typically serve as a co-investigator on projects in which the fellowship director or Dermatopathology faculty, or members of the Cutaneous Oncology Department at Moffitt Cancer Center, are

principal investigators. During the year, the fellow will learn how to author and submit a Scientific Review Committee application and an IRB application, and is encouraged to develop and submit their own projects for consideration. At the beginning of the fellowship, the prior training and skills of the fellow will be assessed before projects are assigned. For example, fellows with prior experience in the laboratory may be assigned to a basic science faculty member in Cutaneous Oncology at Moffitt. Fellows with only clinical residency training in dermatology or pathology will be assigned clinically-related projects such as clinical outcome projects, clinicopathologic correlative studies, or investigations into prognostic biomarkers.

The fellow will be required to submit at least one abstract annually to a national Dermatopathology meeting (American Society of Dermatopathology, International Society of Dermatopathology, or United States/Canadian Association of Pathology), and to author a manuscript following the abstract presentation. The fellow is also required to present annually at Moffitt Research Symposium.

General expectations are that the fellow is first author on at least two manuscripts each year (total of four by end of fellowship).

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 general scheme for the progressive duties and responsibilities that fellows will be required to assume throughout the year:

1. First four months: pre-read all Dermatopathology cases before sign-out, typing reports in MCC pathology database.
2. Second four months: Prepare preliminary pathology reports on all Dermatopathology cases, performing literature search and clinicopathologic correlation as necessary to evaluate complex cases, by reading patient's chart and viewing clinical photographs. Act as consultant for the clinical team in the evaluation of difficult patients. Attend assigned duties in dermatology clinic or surgical/cytopathology sign-out.
3. Final four months: Produce an accurate, concise, correct pathology report on all Dermatopathology cases with at least 90% accuracy. These reports should include correct microstaging and literature review if necessary. Be regarded as a valuable member of the clinical care team who interacts with all members to provide diagnostic accuracy to complex patients. Perform assigned duties in dermatology clinic or surgical/cytopathology sign-out and perform at level of PGY-1 resident.

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,

The following standard references are required reading:

- 1) Weedon, D.: Pathology of the Skin
- 2) Calonje: McKee's Pathology of the Skin
- 3) Barnhill: Dermatopathology

Additional Reading for the Fellowship

1. Barnhill: Pathology of Melanocytic Nevi and Melanoma
2. CAP checklists for surgical pathology
3. 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

Teaching Conferences

The following conferences will be required for the fellow:

All year:

Monday: Dermatology Grand Rounds, 1st Monday am
Dermatology Journal Club, 3rd Monday a.m.

Tuesday: Dermatopathology Textbook Conference, every Tuesday am-the fellow will present one every other month

Wednesday: Pediatric dermatology lecture, every Wednesday am

Thursday: Dermatopathology Unknown Conference, every Thursday am-the fellow will Present one every other month

Florida West Coast Society of Dermatology: quarterly, Tuesday evening

Morphology Conference, held approximately monthly in the evening at Dr. Fenske's house

VA Morphology Conference, run by Dr. Shenefelt, approximately monthly

Moffitt fellow's multidisciplinary conference (schedule TBA)

While at Moffitt:

| Name of Conference | Frequency | Responsible Department | Required? (Yes/No) | Attendance Taken? (Yes/No) |
|--|---------------------------------|--|--------------------|----------------------------|
| Multidisciplinary Moffitt Fellows Conference | 8-10/year, schedule TBA | Hematology And Medical Oncology through Moffitt GME office | YES | YES |
| Moffitt Fellow Core Lecture Series | Twice Weekly for first 2 months | Moffitt Graduate Medical Education | YES | YES |
| Moffitt Anatomic Pathology Fellows and Residents Weekly Conference | 1/week Monday 9 am | MCC Anatomic Pathology Dept | YES | YES |
| Cutaneous Oncology Multidisciplinary | Weekly, Wednesday | Cutaneous Oncology | YES | YES |

| | | | | |
|---|----------|--|---------------------|----|
| conference | 11:30 am | | | |
| Intradepartmental Anatomic Pathology Slide Review | Daily | Moffitt Cancer Center Anatomic Pathology | NO, but recommended | NO |

1. Multidisciplinary Fellows Conference: It is a mandatory core of Moffitt GME that all fellows attend this conference to provide training in all aspects of multidisciplinary care of cancer patients and to enhance the integrated treatment approach of the Cancer Center. The conference is designed to address the biology, natural history, diagnosis, and management of cancer, as well as the humanistic, ethical, and professional issues in patient care.

2. Core Lecture Series Fellow Conference: Attendance at this conference is mandatory for first year fellows rotating at Moffitt Cancer Center. The core curriculum is composed of didactic lectures, interactive care-based teaching sessions concerning the pathophysiology and clinical aspects of hematologic and malignant diseases, journal clubs, state-of-the-art presentations, roundtable discussions, case discussion conferences and tumor boards. Additionally, a number of intensive “mini-courses” have been developed to focus in greater detail on issues important to fellows.

3. Moffitt Cancer Center Department of Anatomic Pathology Fellows and Residents Weekly Conference: These seminars are held on Monday mornings at 9:00 am. The fourth conference of the month is always designated for cytology. Responsibility for presentation at this conference falls to the fellow when they are at Moffitt Cancer Center (total of 11). The fellow selects either random cases of interest or cases that relate to a particular topic that he/she wants to discuss. The discussion of the cases focuses on the pertinent morphologic features, differential diagnosis, and pertinent molecular and ancillary studies. In attendance are the medical students rotating on pathology, pathology residents, fellows in surgical pathology, occasionally surgical oncology fellows, and pathology attendings. Cytology journal club takes place in the same time slot every 3 months in the first Monday of the month. Total of 4 cytology journal clubs each year. For each journal club, one cytology attending will select articles for the cytology fellow and residents rotating on cytology to present. The attending will moderate the journal club and all cytology faculty participate in the discussion.

4. Intradepartmental Anatomic Pathology Slide Review: Interesting, challenging or problematic cases are discussed among the pathologists. Cytopathology fellow may present the cytology cases.

While at USF:

Participate in monthly QA/safety meeting, held jointly with USF Pathology Fridays at noon

Conference duties: The fellow will present one Tuesday textbook conference every other month, and one Thursday unknown conference every other month. The fellow should also prepare to take pictures and write descriptions for the cases presented at Derm Grand Rounds and FWCSO.

C. Research

While on four month research blocks, the fellow will participate in either ongoing or independent research, to be arranged at the beginning of the fellowship with Dr. Messina. Limited research funds are available through Dr. Messina's research account. The fellow may also participate in ongoing funded research in a basic science laboratory of one of the investigator's in the Comprehensive Melanoma Research Center. The fellows are expected to complete at least one research project before the end of their fellowship, and to present this at a local or national meeting and submit for peer-reviewed publication. Support for travel to present the research activity of the fellows is provided by the Moffitt Cancer Center GME office and the Research Coordinator. Funding for the fellows' research may also be available through the USF GME office. The fellow is required to present at Moffitt Cancer Center's Scientific Symposium in May.

VIII. EVALUATION

Objectives and Evaluation Methods: Dermatopathology

| Competency | Objective | Evaluation method |
|-------------------|--|---|
| Medical Knowledge | To know and achieve proficiency in the preparation and interpretation of intra-operative cytology specimens | Semi-annual evaluation |
| | To obtain a thorough understanding of the indications, and limitations of intra-operative cytology | Semi-annual evaluation |
| | To obtain adequate clinical knowledge as it pertains to the use of intra-operative cytology and STAT interpretations | Semi-annual evaluation |
| Patient care | Effective communication of cytology results to clinicians, particularly STAT results | Semi-annual evaluation |
| | To learn the fundamentals of special handling of intra-operative cytology specimens (e.g., immunostains for Cytokeratins, collection for flow cytometry) | Semi-annual evaluation |
| | To understand current guidelines for managing women with sentinel lymph node metastases and positive lumpectomy margins | Semi-annual evaluation |
| | To understand the indications for flow cytometry in cytology specimens | Semi-annual evaluation |
| Professionalism | To learn to place the patient's interests above one's own | Semi-annual evaluation |
| | To learn to interact effectively with other physicians and support staff when working up cases | Semi-annual evaluation and final evaluations and direct feedback from staff |
| Interpersonal/ | To learn to listen well | Semi-annual evaluation |
| | Effective communication of preliminary results to | Semi-annual evaluation |

| | | |
|---|---|--|
| Communication skills | clinicians, and obtaining clinical information when indicated | |
| | To develop effective skills for communicating diagnostic interpretations verbally to the health care providers | Semi-annual evaluation and 360 evaluations |
| | To develop effective skills in expressing an immediate interpretation cogently in writing, particularly in difficult and borderline cases | Semi-annual evaluation |
| | Effective communication of preliminary results to colleagues in hemepath, who must evaluate the samples for flow cytometry | Semi-annual evaluation |
| Practice-based learning and improvement | To learn to locate, assess, and assimilate knowledge of intra-operative cytology from primary source materials | Semi-annual evaluation |
| Systems-based practice | To understand how intra-operative cytology results and STAT interpretations are used to make management decisions | Semi-annual evaluation |
| | To understand the role intra-operative cytology and STAT interpretations in the delivery of cost-conscious, responsible health care | Semi-annual evaluation |

Evaluation of the fellows by the faculty and Program Director

Written examination

The fellow will be tested at the beginning and end of the fellowship using the online competency evaluation being developed by the American Society of Dermatopathology. Pathology-trained fellows are also required to take the Dermatology Mock Board examination, held in April each year.

Competency based evaluation

The fellows will be evaluated using a milestone-based system that is specific for Dermatopathology, which includes two semi-annual evaluations forms which will be completed by Clinical Competence Committee. The fellows will be evaluated during their daily work. Methods of evaluation will include observation and oral testing while the fellows are performing their assigned clinical duties, review of case logs, evaluations of presentations and academic activities such as teaching and research projects. The fellows will meet with the Program Director on a monthly basis to discuss their progress and training needs.

360 degree evaluation

The fellows will be evaluated through the use of two forms; one is designed for cytology staff/faculty and non-cytology staff/faculty, the other for patients/family which will be completed on a regular basis.

Exit interview

The Program Director will meet with each fellow for an exit interview which will summarize all the above.

Evaluation of the faculty and the program by the fellows

The fellows will have the opportunity to evaluate the faculty and the program by means of an evaluation form at the end of the year. At any time the fellows may make suggestions on improving a given aspect of the program. At the end of the year, a cytology faculty meeting, including the fellows, will be called to discuss the program.

Evaluation of the program by the faculty

At the end of the year, a cytology faculty meeting, including the fellows, will be called to discuss the program, after an evaluation form has been completed and collected from the cytology faculty and fellows.

IX. POLICIES AND PROCEDURES

Supervision guidelines (In accordance with GME Policy 204)

Supervisory Faculty

The Program Director is responsible for the general management of the fellowship program with administrative assistance provided by Ms. Kandi Smith of the USF Department of Dermatology. Any specific concerns that the fellows have regarding rotations, assignment or other issues should be addressed with the Program Director. Other attendings on service are responsible for the fellows' day-to-day activities. The fellows will be given a phone list for all members of the MCC department and will be given contact information for the faculty at their VA rotations.

Duty Hours

The fellows are expected to be present Monday-Friday from 7:30 am (if conference held that day) until the work for the day is finished. There is typically no night or weekend call required. The fellows will work 40 – 50 (no more than 80) hours per week. 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.

Work Environment

The fellow will be provided with a desk, desktop computer, and microscope while on rotation at all sites.

Moonlighting

Moonlighting is not encouraged, but is permitted if the program follows USF GME Policy 208-A.

Grievance Policy

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 at least three years of AP or Dermatology training or four years of AP/CP training and must be eligible for AP/CP or Dermatology boards. Additional material to determine eligibility include medical school grades, USMLE scores, letters of recommendation, and passing of the pathology boards, if applicable. Entrance into the program is generally at the PGY-5 level. Candidates are interviewed in the fall two years prior to matriculation and notified during the winter.

X. Supplemental Material

The GME policies referenced in this curriculum are attached for reference and review by the fellow.

The included policies are:

- GME – 204 Supervision of Post-Graduate Residents
- GME – 208 Duty Hours of Residents
- GME – 208 – A Moonlighting
- GME – 218 Housestaff Disciplinary and Appeal Procedures
- GME – 228 Grievance Policy and Procedure