



**PennState Health**  
Milton S. Hershey Medical Center

**DERMATOPATHOLOGY FELLOWSHIP  
PROGRAM MANUAL**

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# DERMATOPATHOLOGY FELLOWSHIP MANUAL

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## **GOALS AND OBJECTIVES**

The aim of the Penn State Dermatopathology fellowship is to train physicians to excel in clinical Dermatopathology. The primary goal of the Dermatopathology fellowship is producing accurate and efficient diagnoses. The secondary goal is developing interpersonal and communication skills, and learning the role of the Dermatopathologist in the health care system. This is accomplished by providing an environment that encourages personal growth, inquiry, and scientific discovery. Critical and analytical skills necessary for the acquisition of new medical information are developed. Fellows will acquire a comprehensive fund of knowledge essential for the diagnosis and management of the wide variety of entities encountered in clinical Dermatopathology. The fellow will be exposed to the subject matter necessary for passing the certifying examination. To accomplish this, a faculty dedicated to patient care, teaching, research, and intellectual curiosity will provide the infrastructure for the fellowship learning experience. The fellow will be expected to be self-motivated, collegial, and exhibit the highest level of personal integrity. Fellows must be responsive to guidance, invest the time and effort necessary for independent learning, and be dedicated to providing the highest quality patient care.

The learning objectives include recognizing the basic inflammatory reaction patterns, along with patterns of neoplasia including adnexal neoplasms, melanocytic neoplasms, and soft tissue tumors. Fellows should also learn the basic pathophysiology of skin diseases and neoplasms. The progress achieving the goals is monitored via direct observation, quizzes, and comparing the fellow's Dermatopathology diagnosis with the final diagnosis. The fellows are also evaluated through New Innovations in regards to the quality of their work. As the fellow becomes more comfortable with their diagnoses, they are able to dictate the cases prior to review of the cases with the attending physician. All cases are always still reviewed with an attending physician.

By the end of the fellowship the fellow should have achieved six core ACGME competencies:

1. Patient Care - Give accurate diagnoses in a timely fashion, and interact with patients with compassion.
2. Medical Knowledge - Gain a solid foundation on the fundamentals of Dermatopathology. Learn to critically appraise the literature, and develop a foundation for continued learning.
3. Practice Based Learning and Improvement - The fellow should learn when to ask for consultations, apply knowledge, use information technology, learn quality improvement techniques, and teach medical students, residents, and fellows,
4. Interpersonal and Communication Skills -The pathology report should be concise, understandable, and communicate as much useful information as possible. The fellow will also effectively communicate with patients, other physicians, and ancillary staff.
5. Professionalism -The fellow should committed to his or her work, enthusiastically help others, and sensitive to others needs.
6. Systems Based Practice - The fellow will understand the role of Dermatopathology in medicine, understand the costs involved, and learn how to order tests and ancillary stains in a cost effective and ethical manner.

Achievement of the goals and objectives will be performed by participating in dermatopathology signouts throughout the year and through either the rotations in Surgical Pathology / Dermatology clinic. The fellow will also be expected to attend, participate in numerous educational activities and conferences such as journal club, weekly dermatopathology conference, Dermatology grand rounds, and tumor boards. Progress towards these goals will be monitored by correlating the final diagnosis of cases with the fellow's hot seat diagnosis. For the clinical aspect of the training (inside, referral, and consult cases), during the first 1/3 of the year the diagnostic errors should be eliminated. During the next 1/3 of the year the amount of editing required for the microscopic reports and comments should be reduced. The final 1/3 of the year all aspects of the report should be perfected.

Progress towards academic pursuits will be monitored by submitting at least one manuscript for publication during the academic year, and at least one presentation at the national Dermatopathology or local Dermatopathology meeting.

The effectiveness of the teaching of the fellow will be assessed by listening to the fellow's teach during Dermatopathology conference, presenting journal articles in journal club, and presenting cases in Grand Rounds and Tumor Board.

The fellow will be expected to read the books in the curriculum and will be periodically questioned on the topics covered by the book to assess compliance.

## **DEPARTMENTAL POLICIES**

Many of the following policies follow institutional policies, which may have been provided to you by the Graduate Medical Education Department during orientation

### **Leave of Absence**

Approval for vacation time will be coordinated between the fellow requesting vacation and the Program Director and communicated to the Fellowship Coordinator for record keeping. In order to provide optimal patient care, fellows will have to arrange for appropriate service coverage per rotation-specific policies. In order to allow some flexibility associated with transitions in June, vacations are generally restricted during that month.

All requirements of the residents' respective Board must be satisfied. Board requirements will take precedence over institutional leave of absence policies, when applicable. Specific specialty Board information can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b)

### **Vacation and Continuing Medical Education (CME)**

Resident is granted 20 working days of paid leave each year in keeping with program or departmental policy. The total amount of leave includes both vacation and CME paid time off. These days should also be used for interviewing and relocation.

### **Medical/Parental/Family Leave**

A resident may request a maximum of twelve weeks of family leave. The first six weeks minus any vacation leave already used will be with full pay and benefits, and will include any remaining vacation leave for the contract period. The remainder of the twelve weeks will be without pay; however benefits will be billed at the employee rate. If the period of leave bridges two consecutive contract periods, the amount of paid and unpaid leave will be allocated proportionately, including available vacations days.

### **Personal Leave**

A personal leave may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for that year must be used during this period. The period of personal leave time that is not covered by vacation time will be unpaid.

### **Professional Leave**

A professional leave of absence may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for the academic year must be used during this period. The period of professional leave that is not covered by vacation time will be unpaid.

### **Effect of Leave**

All requirements of the residency training program must be fulfilled prior to the completion of training. The Program Director is responsible to notify the Resident as to the effect of leave on their training timeline. Residents may be required to extend their length of training to meet all residency program requirements. The Residency Review Committee for the residency program and the Residency Program Director determine the length of training and training to be completed following a leave of absence. All requirements of the residents' respective Board must be satisfied. Board requirements will take precedence over institutional leave of absence policies, when applicable.

Specific specialty Board information can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b).

## **Meetings**

Professional meetings serve a variety of important functions including provision of education about medical practice, current research, administrative issues and compliance issues. They also offer excellent opportunities for networking that can be invaluable for choosing future employment. Fellows are expected to attend and present at the annual American Society of Dermatopathology meeting during their fellowship.

Travel expenses associated with attendance at professional meetings are eligible to be reimbursed from the annual fellow stipend (see below). For fellows who are presenting posters or podium presentations at meetings, additional financial support can be requested from the Pathology Research Award Program. If the fellow's attendance at a meeting is contingent upon obtaining this additional support, then approval of the additional funding must be obtained from the Pathology Research Award Program Committee prior to submitting an abstract or agreeing to make a presentation.

## **Annual Fellow Stipend**

Each fellow receives an annual stipend that can be applied towards expenses such as travel, books, subscriptions, professional association fees, and professionally-related software. No more than 50% of the stipend may be applied to Medical Board examinations or review courses. The amount of the stipend will be determined annually. All expenditures from these funds must be approved by the Program Director. Reimbursement of expenses additionally requires completion of all staff, rotation, and program evaluations, and all mandated ACGME Core Competency Lectures from review period.

## **Supervision - Institutional**

**PURPOSE:** To ensure that the Penn State Hershey Medical Center's graduate medical education program has defined a process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program(s) for which they are providing patient care services, and to provide effective communication between the committee(s) responsible for graduate medical education, the medical staff and governing body.

**POLICY STATEMENT:** All post-graduate medical education trainees at the Penn State Hershey Medical Center are supervised by an attending physician who also has clinical privileges in the area they are supervising. The description of the role, responsibilities, and patient care activities of each resident are program-specific but are documented for each residency-training program and are available for faculty for review. These documents are maintained in the residency directors' offices that are on site at the Penn State Hershey Medical Center. Each program has a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competence Committee. All house officers at the Penn State Hershey Medical Center have training licenses and are permitted to write patient care orders.

The Penn State Hershey Medical Center assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee through the appointment of the Co-Chair of the GMEC to the Medical Staff Executive Committee. In addition, the Chief Medical Officer and the Chief Operating Officer also serve on the GMEC. These dual

appointments result in effective communication about patient safety and quality of patient care provided by, as well as the related educational and supervisory needs of post-graduate trainees.

All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Resident must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

The GMEC is responsible for monitoring the residency programs supervision of residents and ensure that supervision is consistent with: a) the provision of safe and effective patient care; b) educational needs of residents; c) progressive responsibility appropriate to residents' level of education competence, and experience; and d) the applicable common and specialty/subspecialty-specific program requirements.

### **Supervision – Dermatopathology**

Two levels of supervision are used to allow the fellow to assume increasing levels of clinical responsibility:

1. Direct Observation (DO): Attendings are physically present with the fellow during the procedure, and can provide verbal guidance or assume direct physical control of the sign out if necessary.
2. Indirect Observation (IO): Attendings review the cases on their own, after the fellow has dictated and reviewed them, and compares diagnoses and discusses any discrepancies.

As the fellow becomes more comfortable with their abilities, during the last month or two of fellowship, the fellow will be expected to be supervised mostly via indirect observation. All cases will be reviewed by a Dermatopathology attending before being signed out.

### **Moonlighting**

Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Residents may not provide physician services to other healthcare institutions for remuneration outside the scope of their educational activities and regularly assigned duties of the training program unless prior and specific written notification detailing such activities is given to and written consent for such activities is obtained from the Program Director. Moonlighting shall not be approved if the Program Director believes such activities may interfere with the Residents ability to perform his/her obligations and duties in the Residency Program. The Program Director's determination in this regard shall be final and does not fall within the scope of the Grievance Procedure.

In the event that the resident works outside the scope of the educational activities and regularly assigned duties, professional liability insurance coverage is not provided by Penn State Hershey Medical Center. The Resident must provide evidence of a valid unrestricted license to practice medicine in the

appropriate state or jurisdiction. It is the responsibility of the institution hiring the resident to determine that appropriate licensure is in place, adequate liability coverage have been obtained by the Resident, and that the Resident is appropriately credentialed to carry out assigned duties. Professional and patient care activities that are external to the educational program may be inconsistent with sufficient time for rest and restoration to promote the resident's educational experience and safe patient care.

1. Residents are not required to engage in moonlighting activities for the institution.
2. All moonlighting activities (both internal and external) must be counted towards the 80-hour maximum weekly hour limit.
3. PGY-1 residents are not permitted to moonlight.
4. The prospective, written statement of permission from the Program Director will be placed in the resident file.
5. Resident will be monitored by Penn State Hershey Medical Center and the Program Director for the effect of these activities upon performance and adverse effects may lead to withdrawal of permission.

### **Duty Hours**

The Duty Hour Policy is in compliance with the policies of the ACGME and the Penn State Milton S. Hershey Medical Center as stated below. Duty hour assignments must be logged by the Resident/fellow daily in New Innovations.

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
2. Residents must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Individual programs may request an increase in the 80 hour per week limit of up to 10 percent, additionally, if they can provide a sound educational rationale.
3. Residents must have at least one full (24-hour) day out of seven free of all educational and clinical patient care duties, averaged over four weeks, inclusive of in-house and at home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
5. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (In rare circumstances the resident may remain beyond their scheduled duty period to provide care to a single patient. Each such instance must be documented in writing by the resident and the Program Director.)

6. Residents should have 10 hours (and a minimum of 8 hours) free of duty between scheduled duty periods.

### **On-Call**

Dermatopathology Fellows will not be expected to take call.

### **Case Hand-off**

Surgical pathology cases from fellow going on vacation, or completing their fellowship, will be transferred to the attending on record. All important background information, pending studies, any communication with the submitting physician will be written on the pathology requisition slip.

### **Fellow Evaluations**

#### **Evaluation of the Fellow by Faculty**

Fellow will be evaluated monthly by all pertinent faculty through New Innovations. Written objective evaluation of fellow will be conducted 2 times throughout the academic year by the Program Director. The fellow will be evaluated according to the ACGME Core Competencies (patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, interpersonal skills and communication) and other factors deemed necessary or desirable to complete the requirements of the program. The fellow will also be evaluated by performance on quarterly tests, and by comparing the fellows "hot seat diagnosis" with the final diagnosis. The final summative written evaluation is entered in the fellow's file, and significant deficiencies as well as areas of particular strength are noted.

(See example, Appendix A)

Additionally, the Fellow will meet with the Program Director monthly to review the progress of the educational experiences of the Fellow and for feedback about the program and plans for the remaining time. The fellow will also be present at the annual Curriculum Evaluation Committee meeting and will verbally give feedback and evaluation of the program at that time.

#### **Evaluation of the Fellow by Others**

Peer evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include other residents and fellows that interact with the Hematopathology Fellow.

(See example, Appendix B)

360 evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include any secretarial and/or technical staff that interacts with the Hematopathology Fellow.

(See example, Appendix C)

The Fellow is required to complete a Self Evaluation through New Innovations bi-annually. The self evaluation will be the same evaluation as the Faculty Evaluation of the Fellow, but completed by the Fellow about the Fellow.

The evaluation process is intended to establish standards for the Fellow's performance and to indicate the Fellow's ability to proceed to higher levels of training and responsibility. The process will, to the extent reasonably possible, provide early identification of deficiencies in the Fellow's knowledge, professional skills or character, and to the extent reasonably possible, allow remedial

action to enable the Fellow to satisfactorily complete the requirements of the program. Evaluations will be competency-based (as noted above). If performance is not satisfactory, individuals will be notified no later than the first day of the ninth month (e.g., by March 1<sup>st</sup> for a fellow starting July 1<sup>st</sup> or 120 days prior to the end of the contract year).

#### **Evaluation of the Faculty by Fellow**

The Dermatopathology Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the faculty anonymously, the Fellow completes the “Pathology Resident Evaluation of Faculty” along with the Residents in our AP/CP Residency (core program) on a quarterly basis.

(See example, Appendix D)

#### **Evaluation of the Program (rotation) by Fellow**

The Dermatopathology Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the program anonymously, the Fellow completes the “Pathology Resident Evaluation of Rotation” along with the Residents in our AP/CP Residency (core program) on a quarterly basis.

(See example, Appendix E)

### **Suspension, Dismissal, or Disciplinary Action**

#### **Suspension**

Penn State Hershey Medical Center may suspend participation of Resident in Program, for cause for failure to fulfill any obligation of the “Resident Agreement”, including but not limited to, those specified in this policy. If the suspension is for a period of fifteen (15) days or more, Resident shall be afforded the procedures set forth in this policy.

#### **Dismissal for Cause**

Resident may be dismissed for cause during the period of appointment. Examples of cause for dismissal include, but are not limited to, the following:

1. Failure of Resident to meet the performance or conduct standards of the Residency Program;
2. Violation of the rules and regulations of Penn State Hershey Medical Center or a violation of the directions of the Program Director or of the director or coordinator of the service to which Resident is assigned;
3. Abuse or assault of any patient, colleague or teacher;
4. Refusal of rehabilitation for substance abuse;
5. Any conduct which is or would be detrimental to Penn State Hershey Medical Center operations, activities or interests;
6. Any breach of the “Resident Agreement”
7. Deficiencies in maintaining current medical records, including discharge summaries;
8. Lack of evidence of continuing self-education;

9. Persistent strife in professional relations; or
10. Lack of progress in developing acceptable clinical judgment.

#### **Dismissal Procedure**

If the Program Resident Assessment Committee/Advisory Committee or its designate makes the decision that Resident shall not continue in the Program, the Department Chair shall notify Resident in writing immediately. The dismissal notice shall include a summary of the specific charge(s) and shall advise Resident of the right of appeal.

#### **Appeal**

Appeal of a dismissal or suspension of fifteen (15) days or more may be filed within seven (7) days of receipt of the dismissal or suspension notice by submitting a written notice of appeal to the Department Chair. If an appeal is filed, the dismissal will be suspended pending conclusion of the appeal; provided, that when the cause of dismissal creates reasonable grounds to believe that there is a threat to the safety of patients, Resident, or other persons or property, or a threat to disrupt the essential operations of the Medical Center, the Department Chair may direct that all or part of Resident's duties be suspended pending conclusion of the appeal. While a dismissal is pending appeal, Resident will receive stipend and benefits. Failure to file written notice of appeal within seven (7) days of receipt of the dismissal or suspension notice shall constitute a waiver of Resident's opportunity to resort to the Appeal Board and Review procedure.

1. Appointment of Appeal Board

Upon receipt of an appeal, an Appeal Board will be appointed by the Senior Vice President for Health Affairs and Dean, consisting of the following: Vice Dean for Educational Affairs (presiding), the Chief Medical Officer of The Milton S. Hershey Medical Center, a senior resident in the same program as the appealing Resident, a resident designated by the Resident Council, and two senior members of the teaching faculty of the Medical Center.

2. Opportunity to Present Statements

The Appeal Board shall provide Resident an opportunity to present oral and written statements by Resident and other persons in support of the appeal. The Department Chair, or a designee, shall be responsible for presenting evidence in support of the dismissal. Specific procedures applicable to the appeal shall be adopted by the Appeal Board and furnished to the resident and the Department Chair.

3. Recommendation

The recommendation of the Appeal Board shall be submitted to the Chief Executive Officer, Senior Vice President for Health Affairs, and Dean, College of Medicine, who shall make the final decision with respect to the resident's continuation in the program.

#### **Grievance and Due Process**

Any Resident (or fellow) serving in an ACGME-accredited program at Penn State Milton S. Hershey Medical Center ("Medical Center") can seek resolution of grievances under this policy. "Grievance" means (a) any difference or disagreement between a Resident and a representative of the Medical Center relating to the Residents participation in his or her residency program; and (b) a Resident's disagreement with non-renewal of the Resident's contract or non promotion. This policy does not apply

to appeals from (a) a suspension for a period of 15 days or more, or (b) termination from the residency program during the appointment period. The procedure is as follows:

1. Resident to Program Director and/or Department Chair – A Resident should first present the grievance to the Program Director and/or Department Chair in which the resident’s training program primarily resides. Issues can best be resolved at this stage and every effort should be made to affect a mutually agreeable solution.
2. Resident to Ombudsperson – In situations when the concern relates to the Department Chair or Program Director, and Resident believes that it cannot be presented to the Department Chair or Program Director, Resident may present the grievance directly to the Ombudsperson for guidance. The GME Office will assist the resident in identifying an Ombudsperson.
3. Resident to Vice Dean for Educational Affairs and/or Associate Dean for Graduate Medical Education – If, after discussion with the Department Chair or Program Director (and/or Ombudsperson), the grievance is not resolved to the satisfaction of Resident, Resident has the option to present the grievance to the Vice Dean for Educational Affairs, who may delegate consideration of the grievance to the Associate Dean for Graduate Medical Education. The Vice Dean (or Associate Dean) shall meet with the Resident and consult with appropriate representatives of the program as part of consideration of the grievance. In the event a mutually agreeable resolution of the grievance is not possible, the Vice Dean (or Associate Dean) shall render any necessary decision to resolve the grievance and his/her decision will be final.

The grievance policy shall be utilized for academic or other disciplinary actions taken against resident that could result in non-renewal of resident agreement or non-promotion of resident to the next level of training, or other actions that could significantly threaten intended career development. The grievance policy shall also be used for adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

Suspensions of 15 days or more, or termination from the program during the appointment period, may be appealed in accordance with the provisions of the Resident Agreement relating to suspension and dismissal.

### **Insurance**

Medical, dental and vision insurances are available. Fellows are required to pay a payroll-deducted co-premium to participate. Medical malpractice (professional liability) insurance is provided for the services performed by fellows as part of their training in at the Penn State Hershey Medical Center. Group Term Life Insurance and Long-Term Disability Insurance plans are available.

### **Uniforms**

Scrubs and Lab Coats are provided free of charge; laundry service is available through Support Services Linen Service for these uniforms.

### **Miscellaneous**

See Resident Benefit Summary for details regarding other benefits for Penn State Milton S. Hershey Medical Center Residents and Fellows.

## SCHEDULES AND EDUCATIONAL ACTIVITIES

### Block Schedule for Dermatology-Trained Fellow

First four months entirely dedicated to Dermatopathology. Fellow will attend all required conferences.  
Months 5-12

	Monday	Tuesday	Wednesday	Thursday	Friday
7 AM				ACGME Core Competencies 1 <sup>st</sup> Thurs of month	
8 AM	Dermatology Journal Club	Surg Pathology Conference	DermPath Conference	Consult Conf or Dermatology Grand Rounds or Derm Genodermatoses Conf	SurgPath / Gross Room
9 AM	Academic Time	Inside DermPath Sign-out	Inside DermPath Sign out	General Path and soft tissue Dr. Loren Clarke et.al.	
10 AM					
11 AM					
12 PM	Lunch	Lunch	Lunch	Lunch	Lunch
1 PM	Academic time	Outside DermPath Sign-out	SurgPath / Gross Room	SurgPath / Gross Room	Outside DermPath
2 PM					
3 PM					
4 PM					
5 PM		Tumor Board last Tuesday of month		Consensus conference	

### Block Schedule for Pathology-Trained Fellow

First four months entirely dedicated to Dermatopathology. Fellow will attend all required conferences.  
Months 5-12

	Monday	Tuesday	Wednesday	Thursday	Friday
7 AM				ACGME Core Competencies 1 <sup>st</sup> Thurs of month	
8 AM	Dermatology Journal Club	Dermatology- Attending Conf	DermPath Conference	Consult Conf or Dermatology Grand Rounds or Derm Genodermatoses Conf	Andrews Dermatology Textbook Conf
9 AM	Academic Time	Inside DermPath Sign-out	Dermatology Clinic	DermPath Consensus	Dermatology Clinic
10 AM					
11 AM					
12 PM	Lunch	Lunch	Lunch	Lunch	Lunch
1 PM	Academic Time	Outside DermPath Sign-out	Outside DermPath Sign-out	Dermatology Clinic	Dermatology Clinic
2 PM					
3 PM					
4 PM					

## Required Conferences for a Dermatology-Trained Fellow

The fellow is expected to attend:

- ✓ Dermatology Journal Club - held weekly, Monday mornings
- ✓ Surgical Pathology conference - held weekly, Tuesday mornings
- ✓ Dermatopathology Conference - held weekly, Wednesday mornings
- ✓ Dermatopathology Consensus Conference - held afternoons
- ✓ Dermatology Grand Rounds - held 9 of 12 months/year, Thursday mornings
- ✓ ACGME Core Competencies Lectures - held monthly, Thursday mornings

## Required Conferences for a Pathology-Trained Fellow

The fellow is expected to attend:

- ✓ Dermatology Journal Club - held weekly, Monday mornings
- ✓ Dermatology Attendings Conference - held weekly, Tuesday mornings
- ✓ Dermatopathology Conference - held weekly, Wednesday mornings
- ✓ Dermatopathology Consensus Conference - held daily, afternoons
- ✓ Dermatology Grand Rounds - held 9 of 12 months/year, Thursday mornings
- ✓ ACGME Core Competencies Lectures - held monthly, Thursday mornings
- ✓ Spitz Genodermatoses Conference - held weekly, Thursday mornings
- ✓ Andrews' Dermatology Textbook Conference - held weekly, Friday mornings

## Dermatology Consult Conferences and Tumor Boards

All fellows will also be expected to attend monthly consult conference, patient conference, and periodic melanoma and skin cancer conference. **The fellow will be expected to keep a log of the weekly activities, patients seen, and dermatopathology cases reviewed, which will be periodically reviewed to assure a well-rounded experience.**

The fellow will give the case numbers of patients presented at dermatology tumor board and consult conference to the academic secretary to pull the slides. The fellow should then review the slides prior to the conferences, and be prepared to bring the slides and discuss the pertinent pathologic findings and differential diagnoses at the conference.

## Dermatology Grand Rounds

Dermatology Grand Rounds meets eight times a year, the first Thursday of the month. The fellow will be expected to find out what cases are being presented and take photographs of the representative pathology. The day before grand rounds, the fellow will be expected to show their PowerPoint presentation on all of the cases to the corresponding Dermatopathologists. During grand rounds the fellow will be expected to concisely present the pathologic finding.

## Research and Academic Time

Two 1/2 days a week are left for catching up on work, research, and academic endeavors.

Every fellow is expected to present data or interesting cases at the annual Dermatopathology meeting, along with submitting at least one project or report for publication. The abstract should be submitted for the annual Dermatopathology meeting by August 15th.

### **Quality Improvement**

Quality improvement (QI) is an integral and growing component of pathology practice in academic, community hospital, independent laboratory, and corporate settings. Therefore, resident training in QI must be provided to establish the knowledge and experience base needed for successful practice. The ACGME has espoused this goal as part of the core competency of *Practice-Based Learning and Improvement*, in which it is stated that “Residents are expected to analyze practice experience and perform practice-based improvement activities using a systematic methodology.” The department’s QI educational program is designed to provide residents with a broad-based didactic and interactive learning experience that covers all key elements of QI. QI material will be included in most of the clinical rotations and the Laboratory Management rotation, and will be supplemented by the learning activities described below:

1. **Resident participation in QI meetings:** All fellows will be assigned to attend the weekly dermatopathology QI meetings /consensus conference. Fellows will also be expected to interact with the histology and gross room staff about any quality control issues. .
2. **QI project:** Every fellow will be expected to participate in a QI project with one of the dermatopathology staff. In the Spring, fellows will present these projects as brief PowerPoint presentations at our departmental Grand Rounds. The dermatopathology staff will serve as mentor for the fellow, and will assist in the planning and execution of the project. Projects should be well circumscribed and can be focused upon quality issues, billing or compliance issues, or evaluation of sendout tests for possibly bringing in-house. . Approval of the project must be obtained from the program director, before embarking on the project.

### **Laboratory Mangement**

The fellow is expected to read the College of American Pathologists Laboratory accreditation manual so as to become familiar with requirements for running an accredited laboratory.

The fellow is expected to meet with the dermatopathology billing person to become familiar with contracting, registration, charge capture, diagnosis coding, claim submission, payment, patient balances, and accounts receivable.

The Dermatology-trained fellow will also spend time in histopathology and the Gross Room.

#### Gross Room:

- Fellow will learn the tools necessary in the gross room for handling, identification, cryosectioning, prosection, dictation and processing all skin types.
- Fellow will observe the prosection/dictation of different types of skin lesions including shaves and excisions, melanoma cases, etc. in order to be prepared for situations that may occur.
- Residents should be able to consult with fellow on how to handle difficult cases.

#### Laboratory (Histology or MOH’s)

- Fellow should know the instrumentation necessary to run a histology and/or MOH’s lab.
  - ✓ Processors
  - ✓ Embedding Centers

- ✓ Microtomes
- ✓ Water baths
- ✓ Stainers
- ✓ Coverslippers
- ✓ Cryostat
- Knowledge of the consumables and how they are used for processing; staining etc.
  - ✓ Paraffins
  - ✓ H&E stains
  - ✓ Xylene or substitutes
  - ✓ Special stains
- Microtomy
  - ✓ Observe/advise the histotech during microtomy
  - ✓ Emphasize the need to see epidermis
  - ✓ Look at the embedded block if necessary
  - ✓ Advise on the embedding of alopecia; shaves; excisions; tips etc.

### **Dermatopathology Consult Cases**

The fellow will be expected to preview all consult cases and dictate a final report within 24 hours of receiving the consult. Upon completion of the consult the slides and copy of preliminary report should be given to the appropriate Dermatopathology attending. Occasional reports should contain a pertinent reference.

## **ROTATIONS**

### **Dermatology Clinic Experience for Pathology-Trained Fellows**

#### **Goal**

To provide and learn about continuity of Dermatologic care in a university based out-patient setting.

#### **Objectives**

- Patient care
  - ✓ Formulate a plan of care in concert with the attending dermatologist and support staff.
  - ✓ Educate the patient and provide rationale for treatment options.
- Medical knowledge
  - ✓ Develop competency in performing a clinical history and physical exam.
  - ✓ Demonstrate knowledge about a broad array of dermatologic conditions and applicable treatments.
  - ✓ Generate broad differential diagnoses.
  - ✓ Display technical proficiency in basic clinical procedures such as: skin biopsies, skin scrapings, comedone extraction, and irrigation and debridement.
  - ✓ Appropriately follow and manage patients on high risk medications.
  - ✓ Coordinate clinical and pathologic findings to secure a diagnosis.
- Problem-based learning
  - ✓ Weekly review of dermatologic literature and discussion of applicability.
  - ✓ Perform literature searches for complex patients.
- Interpersonal and communication skills
  - ✓ Demonstrate effective interpersonal and communication skills with patients and patients' families both in clinic and on the telephone.
- Professionalism
  - ✓ Display professional responsibilities including: respect, truthfulness and sensitivity to diversity.
- Systems-based practice
  - ✓ Learn the costs and billing procedures associated with general dermatology.
  - ✓ Work effectively with assistants and colleagues to coordinate comprehensive care.

### **Surgical Pathology Learning Experience for Dermatology Trained Fellows**

#### **Primary Goal**

To become familiar with general surgical pathology, particularly fields such as ear nose and throat, GYN pathology, cytopathology, soft tissue pathology, and hematopathology, which have diseases and tumors in common with dermatopathology.

#### **Primary Objectives**

- The fellow is expected to recognize normal anatomy and histology of organs
- Recognize general categories of pathological processes including tissue injury and repair, infection, inflammation, tumors, and degenerative processes
- Understand the epidemiology, gross and microscopic pathology, natural behavior, and prognostic features of benign and malignant neoplasms

- Grossly examine, dissect, and sample a cutaneous pathologic samples including simple biopsies and complex excisions
- Apply and learn ancillary diagnostic techniques appropriately, including immunohistochemistry

### **Ultimate Goals and Objectives**

- Patient Care
  - ✓ Learn how pathologists give accurate diagnoses in a timely fashion, and interact with patients with compassion.
- Medical Knowledge
  - ✓ Gain a solid foundation on the fundamentals of general surgical pathology. Learn to critically appraise the literature, and develop a foundation for continued learning.
- Practice Based Learning and Improvement
  - ✓ The fellow should learn when to ask for consultations, apply knowledge, use information technology, learn quality improvement techniques, and teach medical students, residents, and fellows. The fellow should learn which consultants to use for different dermatopathology issues.
- Interpersonal and Communication Skills
  - ✓ The surgical pathology report should be concise, understandable, and communicate as much useful information as possible. The fellow will also effectively communicate with patients, other physicians, and ancillary staff.
- Professionalism
  - ✓ The fellow should committed to his or her work, enthusiastically help others, and sensitive to others needs.
- Systems Based Practice
  - ✓ The fellow will understand the role of Surgical pathology in medicine, understand the costs involved, and learn how to order tests and ancillary stains in a cost effective manner.

Information about Dermatology and Pathology training is also available online at:

<http://www.pennstatehershey.org/web/dermatology/education/residency/overview>

<http://www.pennstatehershey.org/web/pathology/education/residency/manual/anatomic/surgical>

## **DERMATOPATHOLOGY READING LIST for DERMATOLOGY-TRAINED FELLOW**

1. Brinster Dermatopathology  
~As per Dermpath Conference
2. AB Ackerman Histologic Diagnosis of Inflammatory Skin Diseases.  
~ Complete by July 31
3. Massi Guido, LeBoit PE. Histological Diagnosis of Nevi and Melanoma. Steinkopff Verlag Darmstadt 2013.  
~ Complete By August 31
4. Cerroni An illustrated guide to Skin Lymphoma  
~ Complete by September 30
5. Enzinger & Weiss's Soft Tissue Tumors  
~Complete by November 30
6. Ackerman Clues to Diagnosis in Dermatopathology - Volumes 1 to 3  
~ Complete by December 31
7. Ackerman Differential Diagnosis in Dermatopathology - Volumes 1-4  
~ Complete by January 31
8. Ackerman Neoplasms with Apocrine Differentiation  
~ Complete by February 28
9. Ackerman Neoplasms with Follicular Differentiation  
~ Complete by March 31
10. Ackerman Neoplasms with Sebaceous Differentiation  
~ Complete by April 28
11. Ackerman Histologic Diagnosis of Inflammatory Skin Diseases second edition.  
~ Complete by May 31
12. Leonard C. Sperling, An Atlas of Hair Pathology with Clinical Correlations  
~ Complete by June 30

## **DERMATOPATHOLOGY READING LIST for PATHOLOGY-TRAINED FELLOW**

1. Ronald Rapini Practical Dermatopathology  
~As per Dermpath Conference
2. AB Ackerman Histologic Diagnosis of Inflammatory Skin Diseases  
~ Complete by July 31
3. Massi Guido, LeBoit PE. Histological Diagnosis of Nevi and Melanoma. Steinkopff Verlag Darmstadt 2013.  
~ Complete by August 31
4. Cerroni An illustrated guide to Skin Lymphoma  
~ Complete by September 30
5. Ackerman Clues to Diagnosis in Dermatopathology - Volumes 1 to 3  
~ Complete by October 31
6. Ackerman Differential Diagnosis in Dermatopathology - Volumes 1-4  
~ Complete by November 30
7. Ackerman Neoplasms with Apocrine Differentiation  
~ Complete by December 31
8. Ackerman Histologic Diagnosis of Inflammatory Skin Diseases second edition.  
~ Complete by March 31
9. Leonard C. Sperling, An Atlas of Hair Pathology with Clinical Correlations  
~ Complete by April 30
10. Michael Hertl Autoimmune Diseases of the Skin  
~Complete by May 31
11. Brian Hall Skin Infections Diagnosis and Treatment  
~Complete by June 30

## Faculty evaluation of DermPath Fellow



**[Subject Name]**  
[Subject Employer]  
**[Subject Rotation]**  
[Evaluation Dates]

\_\_\_\_\_  
Evaluator  
**[Evaluator Name]**  
[Evaluator Employer]

Please check only one (1) box for each competency.

### Dermatopathology

**1** Fellow must be able to provide a diagnosis and differential diagnosis that is accurate, appropriate, and concise.

1 2 3 4 5 6

Comments

Remaining Characters: 5,000

### Medical Knowledge

**2** Fellow must demonstrate knowledge about dermatologic and pathologic diseases and their pathogenesis.

1 2 3 4 5 6

Comments

Remaining Characters: 5,000

### Practice-Based Learning and Improvement

**3** Fellow must be able to investigate and evaluate their practices, appraise and assimilate scientific evidence, and improve their care.

1 2 3 4 5 6

Comments

Remaining Characters: 5,000

### Interpersonal and Communication Skills

**4** Fellow must be able to demonstrate interpersonal and communication skills that result in effective information and exchange and teaming with patients, patients' families, and professional associates.

1 2 3 4 5 6



Comments

Remaining Characters: 5,000

Professionalism

5

Fellow must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.



Comments

Remaining Characters: 5,000

Systems-Based Practice

6

Fellow must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.



Comments

Remaining Characters: 5,000

Please comment about:

7

Areas of Strength

Remaining Characters: 5,000

8

Areas of Potential Improvement

Remaining Characters: 5,000

Overall Comments:

Remaining Characters: 5,000

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## Peer Evaluation of Dermatopathology Fellow

### Peer Evaluation of Dermatopathology Fellow

**Academic Year:** (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

**Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:**

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

**Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect	<input type="radio"/>					
COMPLIANCE: Complies with policies & procedures required for the operation of the area	<input type="radio"/>					
PROFESSIONALISM: Demonstrates a professional manner,						

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

**DOCUMENTATION:**

Writes legibly; completes documentation on time; provides patient care plans

**EDUCATION:** Helps to educate staff; willing to explain new tests; answers questions

**LEADERSHIP:** Acts as a leader when appropriate & serves as a role model

**ORGANIZATION:**

Functions in an efficient, organized manner when present in the work area

**COMMUNICATION:**

Communicates clearly and appropriately with staff and patients

**Comments:**

Done

## Staff Evaluation of Dermatopathology Fellow

### Staff Evaluation of Dermatopathology Fellow

**Academic Year:** (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

**Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:**

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

**Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.**

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree      N/A

ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect

                            

COMPLIANCE: Complies with policies & procedures required for the operation of the area

                            

PROFESSIONALISM: Demonstrates a professional manner,

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

**DOCUMENTATION:**

Writes legibly; completes documentation on time; provides patient care plans

**EDUCATION:** Helps to educate staff; willing to explain new tests; answers questions

**LEADERSHIP:** Acts as a leader when appropriate & serves as a role model

**ORGANIZATION:**

Functions in an efficient, organized manner when present in the work area

**COMMUNICATION:**

Communicates clearly and appropriately with staff and patients

**Comments:**

Done

### Pathology Resident Evaluation of Faculty



**[Subject Name]**  
[Subject Status]  
**[Subject Rotation]**  
[Evaluation Dates]

\_\_\_\_\_  
Evaluator  
**[Evaluator Name]**  
[Evaluator Status]

Scale: 5=excellent; 4=good; 3=average; 2=fair; 1=poor; N/A or no info

**1**

Interest/enthusiasm for teaching

Excellent	Good	Average	Fair	Poor	N/A
<input type="radio"/>					

Comments

Remaining Characters: 5,000

**2**

Time spent in teaching

Excellent	Good	Average	Fair	Poor	N/A
<input type="radio"/>					

Comments

Remaining Characters: 5,000

**3**

Organization of thought and approach to case material

Excellent	Good	Average	Fair	Poor	N/A
<input type="radio"/>					

Comments

Remaining Characters: 5,000

**4**

Fosters/encourages resident interest in pathology

Excellent	Good	Average	Fair	Poor	N/A
<input type="radio"/>					

Comments

Remaining Characters: 5,000

5

General availability to the resident

Excellent      Good      Average      Fair      Poor      N/A  
                             

Comments

Remaining Characters: 5,000

6

Quality of teaching in sign out or work rounds

Excellent      Good      Average      Fair      Poor      N/A  
                             

Comments

Remaining Characters: 5,000

7

Provides up to date references/reading material recommendations

Excellent      Good      Average      Fair      Poor      N/A  
                             

Comments

Remaining Characters: 5,000

8

Fosters/encourages resident interest in research

Excellent      Good      Average      Fair      Poor      N/A  
                             

Comments

Remaining Characters: 5,000

9

Value as a role model

Excellent      Good      Average      Fair      Poor      N/A  
                             

Comments

Remaining Characters: 5,000

10

Provides feedback on resident performance

Excellent      Good      Average      Fair      Poor      N/A

○ ○ ○ ○ ○ ○  
Comments

Remaining Characters: 5,000

**11**

Overall effectiveness as a teacher

Excellent      Good      Average      Fair      Poor      N/A  
○              ○              ○              ○              ○              ○

Comments

Remaining Characters: 5,000

**12**

Knowledge of literature, ability to stimulate and direct reading and learning

Excellent      Good      Average      Fair      Poor      N/A  
○              ○              ○              ○              ○              ○

Comments

Remaining Characters: 5,000

**13**

Suggest one factor that would add to this faculty member's effectiveness

Comments

Remaining Characters: 5,000

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## Pathology Resident Evaluation of Rotation



**[Subject Name]**  
 [Subject Status]  
 [Subject Employer]  
 [Subject Program]  
**[Subject Rotation]**  
 [Evaluation Dates]

Evaluator

---

**[Evaluator Name]**  
 [Evaluator Status]  
 [Evaluator Employer]  
 [Evaluator Program]

**1**

Adequacy of facilities and equipment

Excellent   Good   Average   Fair   Poor   N/A  
              

Comments

Remaining Characters: 5,000

**2**

Cooperation of ancillary staff

Excellent   Good   Average   Fair   Poor   N/A  
              

Comments

Remaining Characters: 5,000

**3**

Opportunity to gain bench experience

Excellent   Good   Average   Fair   Poor   N/A  
              

Comments

Remaining Characters: 5,000

**4**

Availability of appropriate procedure manuals, textbooks, etc.

Excellent   Good   Average   Fair   Poor   N/A  
              

Comments

Remaining Characters: 5,000

5

Opportunity to learn laboratory management & quality control

Excellent      Good      Average      Fair      Poor      N/A

                            

Comments

Remaining Characters: 5,000

6

Value of conferences

Excellent      Good      Average      Fair      Poor      N/A

                            

Comments

Remaining Characters: 5,000

7

Appropriate number of conferences

Excellent      Good      Average      Fair      Poor      N/A

                            

Comments

Remaining Characters: 5,000

8

Adequacy of personal supervision by attending/s

Excellent      Good      Average      Fair      Poor      N/A

                            

Comments

Remaining Characters: 5,000

9

Adequate feedback

Excellent      Good      Average      Fair      Poor      N/A

                            

Comments

Remaining Characters: 5,000

10

Opportunity to get involved in a research project

Excellent      Good      Average      Fair      Poor      N/A

○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

**11**

Appropriate clinical correlation and exposure

Excellent      Good      Average      Fair      Poor      N/A

○      ○      ○      ○      ○      ○

Comments

Remaining Characters: 5,000

**12**

Overall rating of the rotation

Excellent      Good      Average      Fair      Poor      N/A

○      ○      ○      ○      ○      ○

Comments

Remaining Characters: 5,000

**13**

What changes, if any, would you make in the format of the rotation?

Comments

Remaining Characters: 5,000

**14**

Indicate strengths and weaknesses of the rotation

Comments

Remaining Characters: 5,000

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