**Dermatopathology Rotations Goals and Objectives**

The goal of the **First Dermatopathology Rotation** is for the resident to move from being a

**Novice (**A novice knows little about the subject, and rigidly adheres to rules with little situational perception. He/she does not feel responsible for outcomes. )

To

**Advanced Beginner** (The advanced beginner is still dependent on rules, but can adapt rules to changing circumstances. However, all attributes of a situation tend to be given equal importance, and there is still little feeling of personal responsibility for outcomes.)

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| **First Rotation Goals** | **First Dermatopathology Rotation Objectives** |
| **Medical Knowledge**  Acquires knowledge of the pathophysiology and laboratory manifestations of common conditions; knows where to access information. | The resident will acquire knowledge about (please see dermatopathology online learning outlines for detailed outline):   * General information about anatomy and function of the skin * General inflammatory reaction patterns – Approach to the slide  1. Papulosquamous disease 2. Lichenoid disease 3. Vesicular disease 4. Vascular disease 5. Noninfectious granulomas 6. Panniculitis  * Common cysts and tumors of the epidermis, including epidermoid, trichilemmal, and dermoid cysts; and seborrheic keratosis, actinic keratosis, Bowen’s disease, basal cell carcinoma, squamous cell carcinoma, and keratoacanthoma * Common tumors of fibrous, vacular, fatty, muscular, and neural tissue * Common dermatologic infections, including dermatophyte, molluscum, Herpes virus and verrucae * Common melanocytic lesions – junctional nevus, compound nevus, intradermal nevus, congenital nevus, blue nevus, lentigo, dysplastic nevus, melanoma   The resident will learn to access the standard textbooks available in the signout room, and will review the relevant online learning modules. |
| **Patient Care**  Is able to perform procedures necessary to generate laboratory information, gather clinical information needed to establish a diagnosis, and make observations relevant to the clinical situation. | With appropriate supervision (see below), the resident will   * Be able to gross dermatologic specimens including elliptical excisions, oriented elliptical excisions, “square” excisions including shave peripheral margins of irregularly-shaped specimens with precise orientation, scalp biopsies, and sentinel lymph node specimens for melanoma and Merkel cell carcinoma. as directed in the grossing manual * Become proficient at taking good quality gross photographs that help to illustrate the important findings. * Dictate cogent gross descriptions, and select appropriate tissues for microscopic examination. * Begin to recognize when more information from the submitting physician is needed to adequately perform gross dissections. * Obtain clinical history from the EMR when none is provided * Understand how accurate and timely interpretation of skin biopsy specimens enhances patient care. * Review prepared slides and dictate preliminary reports in the correct format, correlating histologic findings with clinical findings. * Order additional studies after discussion with faculty, and keep pending cases organized until completed * Keep incomplete cases organized until completed |
| **Practice-based Learning and Improvement**  Uses feedback and evaluations to generate or modify learning plan and improve skills. | The resident:   * Uses faculty critiques and personal assessment of gross descriptions and sampling to improve and refine gross dissection and sampling of similar specimens. * Uses feedback from preliminary diagnostic errors to improve diagnostic accuracy * Asks questions and seeks guidance in building medical knowledge and improving patient care skills * Accesses learning sources (textbooks, medical literature, online resources) to fill gaps in medical knowledge that come to light during case discussions * Develops increasingly efficient case management |
| **Interpersonal and Communication Skills**  Establishes collegial interactive and communication skills in dealing with others; structures reports that are clear, succinct, and follow templates; listens to and fulfills requests from other providers. | The resident will   * Interact in a collegial way with technical staff, including histotechnologists, pathology assistants, and transcriptionists, with goal of providing optimal patient care * Volunteer his/her opinion of cases to faculty, using correct terminology * Dictate diagnoses that use accepted terminology, are easy to understand, and that relay the information important to patient management * With direction, notify treating physicians of unexpected diagnoses |
| **Professionalism**  Is honest, compassionate, and respectful of others; complies with laws and regulations; fulfills patient care and educational responsibilities faithfully. | The resident:   * Is present and ready for signout at the agreed time * Admits errors or omissions and takes steps to correct them * Protects patient privacy * Is sensitive to issues of race, gender, ethnic background, religion, sexual orientation and other social factors in dealing with patient care and in interactions with other providers and other learners * Treats colleagues at all levels with respect |
| **Systems-based Practice**  Identifies issues related to error, cost, and the need for interdisciplinary collaboration in the delivery of health care. Conducts handoff at the conclusion of rotation with care and thoroughness. | The resident:   * Is vigilant regarding possible specimen, slide, or identification errors and takes steps to investigate and resolve potential errors * Accurately assigns billing codes and quality codes to cases, and understands the role of these codes * Discusses the cost-effectiveness in the selection of ancillary studies. * Understands the value of intradepartmental consultation and collaboration with other departments and specialties in delivering optimal patient care. |

The goal of the **Second Dermatopathology Rotation** is for the resident to move from being an

**Advanced Beginner** (The advanced beginner is still dependent on rules, but can adapt rules to changing circumstances. However, all attributes of a situation tend to be given equal importance, and there is still little feeling of personal responsibility for outcomes.)

To

**Competent** ((The competent learner grasps the relevant facts, can sort information by relevance, can bring his/her own judgment to each case, and solve problems. Guidelines are adapted to unexpected events. He/she feels accountable for outcomes because of increasing decision-making.))

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| **Second Rotation Goals** | **Second Dermatopathology Rotation Objectives** |
| **Medical Knowledge**  Acquires knowledge of less commonly-encountered conditions and laboratory techniques; critically evaluates knowledge sources and uses evidence-based approach to acquire new knowledge; assists junior residents and other learners in accessing sources of medical knowledge. | The resident will acquire knowledge about (please see dermatopathology online learning outlines for detailed outline):   * Disorders with a lichenoid reaction pattern * Disorders with a psoriasiform reaction pattern * Disorders with a spongiotic reaction pattern * Superficial perivascular dermatitides * Superficial and deep perivascular dermatitides * Vesiculobullous diseases * Granulomatous dermatitides * Necrobiotic granulomatous disorders * Vasculopathic reaction patterns * Neutrophilic dermatoses * Panniculitis * Dermatologic infections * Lipidoses and histiocytoses * Metabolic and connective tissue diseases * Cysts and tumors of the epidermis * Tumors of epidermal appendages * Tumors of fibrous, vascular, fatty, muscular, and neural tissue * Melanocytic lesions * Cutaneous Lymphoproliferative disorders * The resident will independently bring new clinical and scientific evidence to the discussions at signout and apply it to challenging cases. * The resident will serve as a resource to other learners (junior residents, medical students, clinical fellows). |
| **Patient Care**  Is able to perform procedures necessary to generate laboratory information, gather clinical information needed to establish a diagnosis, and make observations relevant to the clinical situation. Uses laboratory data and own observations to generate accurate diagnoses and differential diagnoses; suggests appropriate ancillary studies as needed; responds to requests for consultation. Recognizes clinical cases and circumstances that are rare or unique and selects appropriate additional studies; initiates consultant role in unusual cases; directs other providers and learners in challenging situations. | With appropriate supervision (see below), the resident will   * Be able to adapt grossing techniques to uncommon dermatologic specimens * Dictate gross descriptions, photograph, and select appropriate sections from complex specimens, asking for guidance as needed. * Obtain clinical history from the EMR when the provided information is needed to make accurate diagnosis * Review prepared slides and dictate preliminary reports that are usually accurate, and need some editing by faculty. * Become familiar with the clinical correlates of histopathologic diagnoses and the use of clinicopathologic correlation to arrive at the best diagnosis. * Demonstrate knowledge of basic and clinical science and understanding of mechanisms of diseases in dermatologic patients and be able to apply such knowledge to their cases. * Demonstrate familiarity with special procedures such as histochemical and immunohistochemical stains, molecular and cytogenetic testing used in dermatopathology, their interpretation, methods and applications. * Recognize subtle deviations from normal or common lesions and seek out relevant information to explain the findings. * Be able to ask sophisticated questions of clinicians about cases with complex or confusing gross or microscopic findings. * Proactively seek expert intradepartmental consultation on cases for which this is required. * Give direction to other residents, technical staff, and pathology assistants regarding the handling of unusual cases. * Serve as a resource for other learners regarding interpretation and diagnosis. * Suggest additional studies during signout with faculty, analyze results and anticipate need for further studies or consultation. |
| **Practice-based Learning and Improvement**  Adapts practices based on literature review, case outcomes, peer and 360 reviews, and system demands; seeks and gives feedback to improve self and others.  Facilitates collaboration and teamwork to promote learning. | The resident:   * Continues to use feedback from preliminary diagnostic errors to improve diagnostic accuracy. * Uses information accessed on past cases to more efficiently arrive at a diagnosis in subsequent cases. * Uses feedback and questions from clinicians to refine approach to reporting cases. * Accesses learning sources (textbooks, medical literature, online resources) to fill gaps in medical knowledge before coming to signout. * Reviews slides and reports of dermatopathology attending reports, with special emphasis on challenging or difficult cases, inflammatory disorders and borderline melanocytic lesions. Read appropriately for self-improvement. * Work with other learners, such as fellows, other residents, and medical students, to share tasks related to gathering knowledge * Recognize gaps in others’ learning (fellow, residents, students, and faculty) and contribute to filling the gaps. * Recognize circumstances in which the current state of clinical and scientific evidence is lacking. |
| **Interpersonal and Communication Skills**  Effectively communicates in a variety of settings, including during conferences, while providing consultations, and teaching peers.  Demonstrates skill in dealing with conflicting opinions or perspectives; responds independently to questions from other providers, patients, and families; generates sophisticated reports that relay information about complex cases. | The resident will   1. Be able to convey information to the clinician regarding patient management when appropriate (i.e. whether re-excision of a lesion is warranted, or recommend repeat biopsy if histologic findings do not correlate with the clinical presentation, etc) and understand fully and accept this responsibility.  * Interact in a collegial way with treating physicians, other learners who request information or attend signout. * Volunteer his/her opinion of cases to faculty, with explanations of rationale * Dictate reports that are designed to answer both the articulated and anticipated clinical questions. * Recognize cases that indicate the need to notify treating physicians, and suggest this need to faculty at signout. * Bring cases to consensus conference and relay pertinent information * Manage conflicting opinions or perspectives in such a way that optimal patient care is protected. * Independently handle inquiries for clarification or additional information, and initiate tasks necessary to provide this. * Generate reports that convey diagnostic information about both simple and complex cases effectively, needing little or no editing by faculty. |
| **Professionalism**  Manages patient care duties and interacts with other providers with compassion and respect for diversity; recognizes and responds to need for help from colleagues.  Recognizes impairment in themselves and peers and takes steps to address this. Mentors others in use of inter-professional and multi-disciplinary collaboration; Is a role model to other learners regarding accountability to self and others. | The resident:   * Attends bimonthly CPC dermatopathology conference of consult cases, setting aside cases as directed * Assures successful transfer of cases to next rotating resident * Offers assistance to other members of the team as appropriate * Can be viewed as a role model in understanding and managing the strengths and weaknesses of him/herself and others. |
| **Systems-based Practice**  Improves patient outcomes and promotes efficiency by making decisions based on best evidence of outcomes, and by involvement in quality initiatives.  Identifies sources of error and inefficiency and initiates action to assess and fix them. | The resident:   * Is knowledgeable about and suggests the most efficient and effective ancillary studies in difficult cases. * Identifies situations that require RUSH processing and/or immediate communication with the primary care team (e.g. opportunistic infection in the immunocompromised patient) * Gives feedback to laboratory about quality and timeliness of slides and case delivery * Initiates intradepartmental consultations so as to improve case turnaround time. * Calls attention to practices that may increase the risk of error. * Identifies processes that lead to inefficiencies and potential errors, and suggests improvements. |

**Plan for Training**

**RESPONSIBILITIES, EXPECTATIONS, GUIDELINES:**

1. Familiarize him/herself with the dermatopathology schedule, service responsibilities, goals and objectives of rotating anatomic pathology residents on the dermatopathology service. The goals and objectives are given to the resident at the beginning of the rotation, explained and reviewed with the resident by staff.
2. Familiarize him/herself with the dermatopathology grossing manual available on-line at <http://www.pathology.med.umich.edu/Resident/Cutting_Manual/>. It is strongly recommended that the resident go through the didactic lecture on grossing skin specimens at least once before their first dermpath rotation (available on <http://www>.pathology.med.umich.edu/didactics under Dermpath > Basic Info > Grossing considerations). Special attention should be directed towards grossing of oriented excisional ellipses, the square procedure, scalp biopsies for horizontal sections, and sentinel lymph nodes for melanoma/merkel cell carcinoma.
3. Be available in the Department during working hours (8am -5pm), unless prior arrangements have been made.
4. Signout time and responsibilities
   1. ID:
      1. Signout starts at 9:30 AM and finishes no later than 1:00 PM. After that the resident will be released to attend to other responsibilities. At that time any remaining cases will be signed out by the attending and fellow(s).
      2. Residents are not obligated but welcome to preview as many cases as they want (the dermpath fellows are responsible for previewing all cases).
      3. Cases that are signed out without the resident, but have high educational value will be put aside in a designated area of the dermpath signout room. The resident should look for them the next day or at their earliest convenience, and discuss with fellows or attendings if they have questions.
   2. MD:
      1. Signout time varies depending on the case volume (the resident will be previewing in the morning), and the attending’s schedule. The resident should touch base with the attending on the MD service that day after the morning conference (9:00 AM) to set a time for signout. Signout usually starts between 11:00 and 1:00 and takes about 2 hours to finish. The resident should be released no later than 3:00 PM to attend to other responsibilities, and earlier if there is a large grossing volume on that day. Any remaining cases will be signed out by the attending, who will arrange a time to go over these cases with the resident within the same week.
      2. It is recommended that they preview at least 20 cases per day. Cases above this threshold can be managed by the attending, or by the resident who chooses to preview additional cases. They should focus on the biopsies, while the excisions are of lower priority (excisions from MLabs are simple and of lower educational value).
      3. Residents should organize cases so that those with the highest educational value are signed out first.
      4. Cases that are signed out without the resident, but have high educational value may be set aside by the faculty member. The resident is expected to check with the attending the next day to go over these cases.
5. Share the duty of gross examination and description of dermatopathology specimens with the Pathology Assistant. If no Pathology Assistant has been assigned to the service, the resident must assume responsibility for grossing of all dermatopathology specimens (excluding small biopsies) and have them on the processor in a timely manner after appropriate fixation.
6. Consult the attending dermatopathologist for orientation and instruction when faced with unfamiliar, complicated, or difficult specimens.

**Supervision**

The following activities are to be conducted with **Direct Supervision** (the supervising physician is physically present with the resident):

* The first three dermatologic specimen gross dissections (mandated by ACGME; direct supervision may be provided by faculty or by 3rd or 4th year resident, or fellow).Electronic verification of diagnoses, additional or amended diagnoses, and comments.
* Communications with other providers, during the first dermatopathologyrotation.

The following activities may be conducted with **Indirect Supervision** (direct supervision immediately available either within the hospital of by telephonic or electronic communication):

* Gross dissections other than those described above
* Communications with other providers for those who have completed one dermatopathologyrotation.

The following activities may be conducted with **Oversight** (the supervising physician is available to review with feedback after activity is completed):

* Dictation of preliminary diagnoses

Evaluation

* Electronic (MedHub) evaluation completed by faculty at the conclusion of each rotation
* 360 evaluation completed by fellows and technical staff semi-annually
* Resident Inservice Examination (annually)