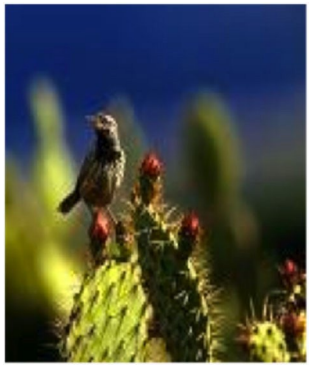
College of Medicine - Tucson
Department of Medicine
Dermatology Division

THE UNIVERSITY OF ARIZONA

Housestaff Manual
2023 -2024

Dermatology Housestaff Manual

INTRODUCTION & WELCOME



The dermatology residency at the University of Arizona is an ACGME accredited program, which strictly adheres to the requirements outlined by the American Board of Dermatology (ABD) and the University of Arizona Graduate Medical Education Committee. The polices of the ABD and the UA GMEC are outlined in the ABD Booklet of Information and the UA GMEC Housestaff online manual are included by reference in this handbook. Residents should review these documents. You are accountable for the information and policies contained therein. The performance of each resident is formally evaluated by the faculty on a by rotation, semi-annual, and annual basis. In the unlikely event that disciplinary action is required residents are entitled to due process.

Like most dermatology training programs, ours is structured hierarchically. First year residents can expect fewer responsibilities and more supervision. Accordingly, residents are given more overall responsibility, and greater privileges. Each year presents unique duties, challenges, and benefits. Every effort will be made to ensure that everyone is treated equally. If you are unable to resolve a situation, discuss the matter with the Chief Resident(s). When necessary, Dr. Curiel may be called upon to mediate.

The program requirements of the ACGME change over time, as will the University of Arizona's training program. Your experiences within this training program are the last step in your progression to life-long learning so becoming adaptable to a changing world is encouraged. Over the coming years, it is anticipated that adjustments in the curriculum will occur to improve our training program and to continue to meet the mandates of the ABD and the ACGME.

Clara Curiel, MD
Division Chief, Dermatology Residency Program
Program Director, Dermatology Residency Program

Rebecca Thiede, MD
Associate Program Director, Dermatology Residency Program

GOVERNANCE OF THE RESIDENCY PROGRAM

The Program Director has ultimate authority and responsibility for all aspects of the residency program. However, the Program Director cannot be expected to perform all of these activities without considerable help from all of the faculty, residents and staff. In general, the Program Director is responsible for the overall supervision of the academic responsibilities of the teaching faculty, maintenance of the academic milieu of the residency program, overall performance evaluation of each individual Resident and each individual rotation, and the preparation of documents necessary to comply with accreditation.

The Dermatology faculty meets monthly to manage short-term goals, address problems, and develop plans of corrective action. The overall direction of the residency, including allocation of clinical rotations, curriculum development, resident performance, faculty development, and graduate performance is overseen by the Program Evaluation Committee (PEC), comprised of the Program Director, Chief Resident, and selected additional faculty members (minimum of two).

Residents are represented by the Chief Resident at monthly faculty meetings. Residents may put forward any agenda item for discussion at the faculty meetings either directly via the Program Director or through the Chief Resident. Furthermore, residents have the opportunity to voice concerns during quarterly group check in sessions with the Program Director or Associate Program Director.

The Clinical Competency Committee (CCC) reviews residents at least semi-annually and prepares resident ACGME Milestones reports. It is composed of the Program Director and several faculty members (minimum of three). They advise the Program Director regarding resident progress, including promotion, remediation, and dismissal.

PROGRAM DIRECTOR RESPONSIBILITIES

Program directors and coordinators have tremendous responsibility for developing, overseeing, and improving residency or fellowship programs, implementing changes based on the current accreditation requirements, and preparing for accreditation site visits and review by the ACGME Review Committees.

The Program Director is University of Arizona faculty, board certified by the American Board of Dermatology and is on the medical staff of one of the integrated institutions participating in the program.

The responsibilities of the Program Director include the following (adapted from ACGME program requirements):

- Administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.

- Prepare written statements about the educational goals of the program with respect to knowledge, skills, and other attributes of the residents at each level of training.

- Prepare written statements about the expectations of the residents on each major rotation and/or other program assignments.

- Designate appropriate and qualified dermatologists to positions of teaching faculty and provide adequate supervision for the teaching faculty to guarantee that each rotation will have an adequate academic environment.

- Evaluate the program faculty and approve the continued participation of program faculty based on evaluations.

- With the teaching faculty, select residents for appointment to the training program.

- Develop a schedule of residents' assignments to fulfill educational needs of each resident throughout the duration of the training program.

- Monitor the educational activities and supervision of all rotations with respect to maintaining a balance between education and service obligations and assure that there is a prompt and reliable system for communication and interaction between residents and teaching faculty.

- Implement a fair but comprehensive evaluation system so that each Resident understands his/her progress through the training program. Identify deficiencies in resident performance and outline a plan of correction for each deficiency. Ensure compliance with disciplinary action, grievance, and due process procedures.

- Ensure an adequate environment for the residents' overall needs on each rotation. This includes the appropriate availability of relaxation time and time out of the hospital. For each rotation, the Program Director must monitor resident duty hours and assure adequate resources for sleeping, relaxing, and studying for each resident assigned to that rotation.

- Provide complete and accurate program information and resident records to the Program Evaluation Committee and Clinical Competency Committee so that appropriate assessments of the training program and its residents can be made.
- Develop and direct the core curriculum of the weekly didactic program of clinical and basic sciences, regularly scheduled conferences, such as Grand Rounds, and other organized teaching activities.

- Approve a local director at each participating site who is accountable for resident education

- Work with all teaching faculty to oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.

- Evaluate educational versus service responsibilities on the various rotations and develop recommendations for improving the educational climate of those rotations.

- Semi-annually, review each resident's academic performance and provide verbal feedback on resident's achievement of competencies.

- Annually assess the quality of each rotation, and overall program based on resident and faculty evaluations and internal review reports.

- Prepare and submit all information required and requested by the ACGME, including but not limited to the program application forms and annual program updates, and ensure that the information submitted is accurate and complete.

Dr. Curiel (PD) and Dr. Thiede (APD) will assist in the execution of the above-mentioned responsibilities.

EDUCATIONAL GOALS

PROGRAM-SPECIFIC EDUCATIONAL GOALS

The goal of the dermatology residency program is to provide comprehensive training in medical and surgical care of the skin, hair, and nails. This 3-year program (PGY-2 through PGY-4) is designed to meet all of the training requirements of the American Board of Dermatology. It is anticipated that residents who complete our training program will become Board-certified by taking and passing the Board exam in Dermatology.

The overall program goals are that the residents obtain mastery in each of the following focus areas:

1. **Clinical Dermatology** — Residents will be assigned to these clinics during all years of training. All clinics will be staffed by an attending physician. The residents will obtain exposure to all aspects of medical dermatology during these clinics. Residents will also learn medical oncology. Residents will see patients to obtain a history and physical examination, and then formulate a differential diagnosis and a treatment plan with the guidance of the attending physician. Responsibilities and expectations will increase with time in the program.

2. **Inpatient Dermatology Consultation Service** — During all years of training, residents will rotate on this service and learning will take place at the patient bedside with the attending physician assigned to this service.

3. **Pediatric Dermatology** — Residents of all years will see pediatric patients in the outpatient and inpatient settings. Residents will be supervised in the clinical rotation by one-on-one interaction with the attending dermatologist. They are expected to learn the nuances of evaluation and treatment of Pediatric Dermatology problems.

4. **Contact and Occupational Dermatology** — Residents will gain exposure to contact and occupational dermatology in the general dermatology clinics. They will learn how to select, apply, and interpret appropriate patch tests under direct faculty supervision.

5. **Dermatologic Surgery** — Dermatologic surgery cases will be performed in all years of training with increasing complexity of excisions and closures (including flaps and grafts). Cases will be performed under the direct supervision of attending dermatologists. Assigned procedural rotations will also be performed in the second and third years. The residents will participate in all aspects of care of the surgical patient, including the evaluation, surgical planning, surgery, and postoperative care of general dermatologic surgery patients as well as patients having nail and Mohs micrographic surgery. These rotations will be under the direct supervision of the dermatologic surgery staff.

6. **Cosmetic/Aesthetic Dermatology** — Residents will have exposure and “hands-on” training to various cosmetic procedures including injection of botulinum toxin and fillers, scar revision, dermabrasion, and chemical peeling (superficial and medium). Residents will also receive lectures on sclerotherapy, hair transplantation, deep chemical peels, and tumescent liposuction.

7. **Dermatopathology and Immunohematology** — Residents will receive exposure to reading dermatopathology slides throughout their residency through unknown slide sessions as well as by doing at least 4 months of formal dermatopathology rotations in the second and third years. Residents on the dermatopathology rotation may also receive one-on-one training in immunofluorescence for diagnosis of immunobullous and immune-mediated disease.

8. **Dermatology Scholarly Efforts** — The Dermatology Division maintains an active research program both in basic science and in clinical research. Residents are expected to submit an abstract at a national dermatology meeting each year of their residency. Elective rotations in research are available in the third year to residents wishing to increase their exposure to clinical or basic science research.

9.Laser Surgery — During the procedural rotations in the second and third years, residents will receive exposure and “hands-on” cases with a variety of different lasers. This includes pulsed dye laser for treatment of vascular malformations, pigmented lesions, hair removal and tattoo removal lasers, as well as intense pulsed light and lasers for ablative and non-ablative rejuvenation.

10. **Elective** — Each resident is allotted 2 weeks of elective time to be used during their second or third year of dermatology residency (PGY3 and PGY4 years). This elective should be in an area that is not available within the Dermatology Division at The University of Arizona. These two weeks can be split up and can only encompass two continuity clinic dates. Elective choices need to be approved by the PD and APD no later than 3 months if elective scheduled in PGY 3 year and 2 months during PGY4 year prior to the elective. Some flexibility will be considered for residents applying for Mohs, Dermatopathology, Pediatric Dermatology, or Cosmetics fellowship(s).

COMPETENCY-BASED EDUCATIONAL GOAL

The goals are outlined below and grouped into ACGME competency areas, since many of the assignments, rotations or activities often support the same educational goals. Residents are given responsibilities consistent with their abilities as they advance through the three years of training.

Patient Care and Procedural Skills

- Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice in patients of all ages.
- Through repeated hands-on supervised experience, residents will achieve competence in biopsy techniques, including local anesthesia and regional blocks, destruction of benign and malignant tumors, excision of benign and malignant tumors, and closures of surgical defects using layered repairs, with attention to the chronologic and developmental age of the patient.
- Residents will be able to competently perform and interpret the results of diagnostic techniques including dermatology-relevant serologic testing, patch testing, KOH examination, and Tzanck smears.
- Residents will know how to use photomedicine, phototherapy, and topical/systemic pharmacologic therapies in all ages groups, including infants and young children. This will include the indications and contraindications for these therapies.
- Residents will obtain access to adequate clinical exposure that will provide comprehensive training in all aspects of dermatology. Trainees will acquire knowledge and competence in four broad categories: medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology.

Medical Knowledge

- Residents will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- Residents will learn the scientific method of problem solving, evidence-based decision

making, a commitment to lifelong learning, and an attitude of care that is derived from humanistic and professional values.

- Residents will learn and review the basic sciences through a well-organized course of instruction and range of experiences in the various disciplines, including journal clubs and self-study.
- Residents will learn and develop their knowledge of pathophysiology, diagnosis, and treatment of complex medical dermatologic conditions in children and adults throughout the residency. This will be achieved through a combination of lectures, conferences, demonstrations, individual or group study of clinical images and histologic slides, clinical rounds, chart and record reviews, faculty-trainee sessions in small groups and one-to-one settings, book and journal reviews, and attendance at local, regional, and national meetings.

System-based Practice

- Residents will demonstrate an awareness of and responsiveness to the larger context and system to provide optimal health care.
- Residents will:
    - Work effectively in various health care delivery setting and systems relevant to Dermatology
    - Coordinate patient care within the health care system relevant to Dermatology
    - Incorporate considerations of cost awareness insurance plan formularies and restrictions, and risk-benefit analysis in patient and/or population-based care as appropriate
    - Advocate for quality patient care and optimal patient care systems
    - Work in inter-professional teams to enhance patient safety and improve patient care quality
    - Participate in identifying system errors and implementing potential systems solutions
    - Perform selected administrative responsibility commensurate with their interests, abilities, and qualifications

Practice-based Learning and Improvement

- Residents will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Residents will develop skills and habits to be able to:
    - Identify strengths, deficiencies, and limits to one's knowledge and expertise
    - Set learning and improvement goals
    - Identify and perform appropriate learning activities
    - Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Use information technology to optimize learning
- Participate in the dermatologic education of patients, families, students, residents, nurses, and other health professionals.

Professionalism

- Residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- Residents will demonstrate:
  - Compassion, integrity and respect for others
  - Responsiveness to patient needs that supersedes self-interest ○ Respect for patient privacy and autonomy
  - Accountability to patients, society and the profession
  - Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in economic status, gender, age, culture, race, religion, disabilities, and sexual orientation

Interpersonal and Communication Skills

- Residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- Residents will:
  - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  - Communicate effectively with physicians, other health professionals, and health related agencies
  - Work effectively as a member and leader of a health care team or other professional group
  - Act in a consultative role to other physicians and health professionals
  - Maintain comprehensive, timely, and legible medical records as applicable
  - Counsel patients regarding their disease and treatment options, and provide appropriate anticipatory guidance to parents and, as age-appropriate, to children, regarding chronic disorders, genodermatoses, and congenital cutaneous anomalies.

In training examinations

- BASIC examination: During spring of first year of dermatology residency (PGY2) each dermatology resident will sit for the BASIC examination. If a resident's overall score of BASIC examination is lower than 10th percentile, the resident will receive letter of concern from the division and remediation to assist with steps for improvement.

- CORE examination: Throughout second and third year of dermatology resident (PGY3 and PGY4), each resident will need to sit and pass the four CORE examinations (medical dermatology, pediatric dermatology, dermatopathology, and surgical dermatology) in order to sit for the APPLIED examination. Residents become eligible to sit for their CORE examinations after 1.5 years of dermatology training. If any resident fails any of the four CORE examinations, then the resident will receive a letter of concern and remediation to assist them with steps for improvement as a "pass" from each of the sections is required to be board eligible (sit for the APPLIED examination post-graduation of dermatology training). The CORE examination must be taken on a Friday or Saturday. If examination is on a Saturday, the resident can take Friday afternoon edu time for self-study.

ORIENTATION TO CLINICAL SERVICES

DUTY HOURS AND CALL SCHEDULE POLICIES

The purpose of the duty hours policy is to provide residents with a carefully planned, sound academic and clinical education that balances patient care, safety and Resident well-being. The Program ensures that the learning objectives of the residency are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty Hours are to be logged by residents into New Innovations.

Cases are to be logged in the ACGME case log system and should include all loggable procedure cases that you assist or observe. The ABD has specific minimum requirements to be met prior to completing your training. Case logs will be reviewed during quarterly reviews with the PD/APDs. This must be up-to-date quarterly and should accurately reflect the number of cases performed. If the resident has not completed the case log at the time of the quarterly review the involvement in surgical procedures will be suspended until the case log is completed.

Duty Hours

- ✔ Duty hours are defined as all clinical and academic activities related to the residency program.
- ✔ Duty hours are limited to 80 hours/week, averaged over a four-week period, inclusive of all in-house call activities.
- ✔ Residents will be provided with at least 1 day (24-hour period) in 7 days free from all educational, clinical and administrative responsibilities, averaged over a four-week period, inclusive of call.

- ✔ Residents will have a duty-free interval of at least 8 hours prior to returning to duty.

On-Call Activities

- ✔ The Dermatology Program provides at-home call services for the two Banner University hospitals, main and south campus. There is not Dermatology in-house call service.
- ✔ Continuous onsite duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities or transfer of patients.
- ✔ No new patients may be accepted after 24 continuous hours on duty.
- ✔ Services with home-call will be carefully monitored for excessive sleep interruption to ensure adequate rest.
- ✔ Residents on home-call must have one day (24 hours) per week free of all clinical and educational duties, averaged over a four-week period.
- ✔ Residents on home-call who return to the hospital must count all hours spent at the hospital toward the total duty hours.

Oversight

- ✔ Continuous monitoring of duty hours will be required by each service.
- ✔ Oversight will ensure an appropriate balance between education and service.
- ✔ The Program Director will review all services and report findings to the Program Evaluation Committee.

EMR Responsibility

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

- ✔ The teaching staff shall supervise Residents at all training sites in such a way that Residents assume progressively increasing responsibility for patient care according to their level of education and ability.
- ✔ The level of responsibility, including supervision of junior house offices and medical students, must be determined by the teaching staff.

Levels of Supervision: (ACGME Dermatology CPR page 25)

- ✔ **Direct Supervision** – the supervising physician is physically present with the resident and patient. This applies to all outpatients seen through Banner, as well as PGY-2 residents for at least the first few months of their VA rotations.
- ✔ **Indirect Supervision with Direct Supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision. This applies to most outpatients seen at the VA.

  With Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision. This usually applies to inpatient consults.

  Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. This rarely applies to outpatients seen at the VA.
- ✔ Ultimate responsibility for the patient lies with the attending.
- ✔ On-call schedules for teaching staff must be structured to ensure that attending supervision is readily available to Residents on duty.
- ✔ It is the responsibility of the Program Director to write supervision policies and provide an updated version on file with the Graduate Medical Education Office.

COMMUNICATION WITH THE ATTENDING STAFF

Communication between faculty and residents is essential regarding patient care as well as other areas. When complex decisions are addressed, residents are required to contact faculty at once personally or by phone. Faculty supervision occurs continuously. During the first year of training, residents review all changes in therapy or recommendations for invasive procedures with the faculty attending prior to making the recommendation to another physician. During the second year, if the trainee has made satisfactory progress, trainees are given more freedom to make recommendations if he/she is comfortable and confident in the recommendation. Even in the second and third year, trainee recommendations must be reviewed within 24 hours. Trainees are encouraged to contact the attending physician at any time day or night. This type of supervision applies to inpatient and outpatient care, home health care management, phone calls from outside physicians or family members. Supervision by a faculty member is expected for all procedures.

RESIDENT PHYSICIAN RESPONSIBILITY AND JOB DESCRIPTION

Acceptance into the Dermatology Residency Program requires graduation from a medical school in the United States accredited by the Liaison Committee for Medical Education (LCME), an accredited medical school in Canada, an accredited osteopathic school in the United States, or if a graduate of a foreign medical school, must possess the standard certificate of the Educational Commission for Foreign Medical Graduates (ECFMG) or hold a currently valid, full and unrestricted license to practice in the U.S. licensing district in which they are training. If, however, the foreign medical school graduate is in training in an accredited program in Canada, the program will recognize the certificate of the Medical Council of Canada.

Residents are warned that the American Board of Dermatology may deny certification if one's license has been revoked, suspended, restricted, or surrendered in any jurisdiction - or if one has been subject to adverse licensure proceedings.

Residents must not have engaged in conduct which, in the judgment of the Program, (i) reflects unethical activity relating to the practice of medicine, or (ii) casts significant doubt on the ability of the candidate to practice dermatology in the best interests of patients.

It is expected that residents will become Board Certified in Dermatology.

PRIVACY AND SECURITY

There is an enormous emphasis on issues of patient privacy and computer security. In addition to following the Banner and VA specific policies, provided by their relative organizational, words of advice include:

Do not discuss patient specific information in a public setting.

- Our clinic walls are not soundproof – be discrete and soft-spoken in the hallways.
- Do not include any patient identifiers in email unless specifically authorized by the patient (document this!). Always ask if you can leave a message on voice mail and document this.
- Do not leave yourself logged into a computer that is not under your personal observation. Anything that happens on that computer will be attributed to YOU.
- Do not leave a computer screen with patient information on it visible from the door.
- Nothing you do on a computer should be considered private. This applies to everything – emails, internet surfing, etc.
- DO NOT view an electronic medical record unless you have a specific reason as the provider. This includes accessing your own record. Employees have been disciplined and even fired for looking into records without cause – regular audits are performed though perhaps with more emphasis on employee or VIP patients.
- Do not leave personal information on common use computers.
- You cannot use CD burners, thumb drives on Banner computers, or personal email (such as Gmail or Yahoo) at the VA. However, you can transfer files by email attachment. Such files are screened for social security numbers and dates of birth so be aware.
- Do NOT send patient identifiers via text messaging.

PROFESSIONAL APPEARANCE:

Banner Health has a dress code that is to be followed. Casual clothes are not appropriate. Dress clothes or a clean scrub set with appropriate protective clean shoes are expected to be worn daily. Please refer to Banner's System Dress Code Policy for more information. https://surgery.arizona.edu/sites/default/files/banner_health_system_dress_code_policy.pdf

THE EDUCATIONAL PROGRAM OF THE RESIDENCY

CURRICULUM (DIDACTICS, CONFERENCE, JOURNAL CLUB)

Basic science is reviewed in textbooks on an on-going basis to obtain a consistent background for all residents. In addition, basic science methods are reviewed by the residents in journal clubs and in research conferences.

Education Conferences will be routinely held on Tuesday mornings from 7:30 to 8:30 a.m. at the Pima Canyon clinic. These are attended by faculty and residents, and all are expected to be in conference and on time. For monthly Grand Rounds, residents will prepare a difficult or unique case to present. The presentation may include a short PowerPoint talk. Additional Tuesday sessions will be dedicated to Clinicopathologic Correlation sessions, guest lectures, journal club and annual resident lectures. There is to be one journal club quarterly, one pediatric-based session quarterly, and 1-2 Case-Directed sessions monthly.

Resident Annual Presentations:

Annual resident lectures must be approved by Dr. Thiede **at least 4 weeks in advance** with required reading for participants to be sent out no later than 1-2 weeks in advance. Failure to meet this requirement and/or an annual lecture that does not meet the standards of the individual resident's program year, will require an additional lecture by the resident.

Textbook Conferences and **Didactic Sessions** will be held Friday afternoons from 12:00 to 5:00 p.m., as well as Monday mornings from 7:00 to 8:15 a.m. at Pima Canyon clinic.

Textbooks will be rotated to include exposure to clinical dermatology, pediatric dermatology, dermatopathology, dermatologic surgery, dermatologic therapy, photobiology, immunology, and contact and occupational dermatology. Residents will be assigned to lead the discussion of specific chapters under the guidance of the Chief Resident(s).

Journal Club will be held quarterly during Education Conferences. Topics will be rotated to include reviewing clinical journals such as the Journal of the American Academy of Dermatology and JAMA Dermatology, surgical journals such as Dermatologic Surgery, and research journals such as The Journal of Investigative Dermatology and others. The journal club articles will be assigned by a faculty member and resident for review by the residents in a session that is supervised by a faculty member. Residents will present a brief, one to two-minute synopsis of the salient points prior to general discussion. Each resident should be very familiar with their assigned article, including study design, validity of findings, potential pitfalls etc. Residents are expected to read all of the assigned articles for the session, although they will only present one article.

Dermatopathology Conference will occur as per the schedule set forth by Dr. Culpepper. In general, this will be one monthly session on Friday afternoons with additional unknown sessions. Additionally, residents will rotate at Dermpath Diagnostics 2-3 half days per week during their pathology/consult month.

The **Cutaneous Oncology Program** has a weekly conference from 12:15pm-1:15pm at

BUMC North Cancer Center where all melanoma cases and other complicated cutaneous oncologic cases are discussed clinically with discussion of pathology slides. This conference is under the direction of Dr. Curiel, with Dr. Sagerman leading the discussion of the histopathology. Medical oncology, surgical oncology, radiation oncology and ENT are also present.

Documentation of Academic Activities:

Documentation of all resident training activities is important and increasingly demanded by review committees and funding agencies, including the U of A and the VA. Time spent on leave or other than academic pursuits should be noted.

- Duty Hours entered in New Innovations
- Scholarly activity documented for ACGME
- Case logs updated

EDUCATIONAL OBJECTIVES APPLYING TO ALL ROTATIONS

Achievement of the educational objectives of the residency will be evaluated and monitored via the following:

- ✔ One-on-one focused observation and evaluation with attending faculty
- ✔ 360 Assessments from peers, nurses, administrative staff, and patients
- ✔ In-training examinations (BASIC and CORE)
- ✔ ACGME Milestones: semiannual
- ✔ ABD evaluation: annual

The following objectives apply to all rotations completed during the residency training program.

A. Practice Based Learning and Improvement

1. Utilizing Scientific Evidence
    a. PGY-2: When directed, access appropriate print or electronic resources to find dermatology information requested or assigned. Navigate electronic databases of indexed citations and abstracts to medical sciences journal articles. Describe basic concepts in clinical epidemiology, biostatistics, and clinical reasoning. Categorize the study design of a research study. Provide appropriate reference lists for prepared hand-outs or other program-specific assignments.
    b. PGY-3: Without being directed, access appropriate print or electronic resources to find dermatology information requested or assigned. Identify critical threats to study validity and generalizability when reading a research paper or study synopsis. Identify well-conducted research that impacts patient care. Actively participate by leading article review discussion and by asking appropriate questions during Journal Club.

c. PGY-4: Actively seek appropriate resources to find dermatology information to answer clinical questions without being requested or assigned this task. Apply a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews, meta-analyses, and clinical practice guidelines. Critically evaluate information from others, including colleagues, experts, industry representatives, and patients. Summarize complex medical topics through effective information synthesis and presentation of material within allotted time.

2. Self-Assessment
    a. PGY-2 and PGY-3: Consistently ask for feedback. Review feedback, acknowledge gaps in personal knowledge and expertise, and use feedback/assessments to develop learning plans with some assistance. Remain open to criticism of performance, avoid defensiveness or denial of constructive criticisms received. Participate in the collection and analysis of program-specific resident competency data (e.g., patient logs, procedure logs, and treatment logs). Identify the process for incident and error reporting in the institution.
    b. PGY-4: Develop a self-assessment or learning plan that demonstrates a balanced and accurate assessment of competence and areas of continued improvement. Identify, in journal club or other educational venues, when new evidence, guidelines, or information should change how the resident or department functions (e.g., ordering tests, selecting therapies).
3. Quality Improvement
    a. PGY-2: Identify the basic processes involved in quality improvement. Identify deviations from standards of dermatologic care (e.g., identify when guidelines of care were not followed, and when over- or under-utilization of diagnostic testing and therapy has occurred). Identify some stakeholders involved in quality gaps.
    b. PGY-3: Review local gaps in quality, and identify systems and human errors that contribute to gaps in quality. Critically appraise current or proposed quality improvement interventions. Participate in quality improvement activities. Define and construct process and outcome measures.
    c. PGY-4: Assess outcomes of quality improvement efforts and apply these towards continuous quality improvement.
4. Teaching Others
    a. PGY-2: Provide education on a few basic dermatology topics to patients and other learners. Actively participate in conferences. Create presentations that incorporate digital images. Synthesize medical topics, with some help, for presentations.
    b. PGY-3: Summarize complex medical topics through effective information synthesis and presentation of material. Actively participate in activities designed to develop and improve teaching skills. Seize the teachable moment with others in the clinical setting.

c. PGY-4: Assume a significant role in clinically teaching learners. Present information in a well-rehearsed, confident manner within the allotted time. Seek and receive feedback on clinical teaching and assess this information to determine areas for teaching improvement.

B. Systems Based Practice

1. Working in Health Care Settings
    a. PGY-2: Use electronic medical records (EMR) efficiently and independently. Adapt to clinical work in different sites and health care systems (e.g., VA, Banner University Medical Center). Maintain access to all needed systems. Identify target patient populations, and the differences in demographics and needs of these populations at each participating site. Access support services appropriately at different practice sites.
    b. PGY-3: Effectively navigate systems to overcome obstacles to optimal patient care (e.g., facilitating access to care). Identify target patient populations, differences in demographics, and use the appropriate agencies/resources to address specific needs of these populations.
    c. PGY-4: Recognize the differences between a system change and a work-around (a bypass of a recognized system fault that attempts to improve efficiency). Identify at least one work-around, explore opportunities for change, and when possible, take steps to improve the system fault that incited it.
2. Working in Interprofessional Teams
    a. PGY-2 and PGY-3: Use and consult with other health care providers in coordination of patient care. Appropriately communicate and coordinate care with the primary care and/or referral provider(s). Describe unique contributions (knowledge, skills, and attitudes) or other health care professionals, and seek their input for appropriate issues. Describe the use of checklists and briefings to prevent adverse events in health care. Recognize the role of team members and participate in briefings.
    b. PGY-4: Delegate tasks appropriately to members of the health care time. Contribute to academic department/division retreats (or similar organizational venue), as well as to clinic team/staff meetings at participating sites. Facilitate checklist-guided briefings (e.g., pre-procedure timeouts) in health care activities. Demonstrate how to manage, use, and coordinate the interprofessional team.

3. Improving Health Care Delivery
    a. PGY-2: Articulate understanding of the limitations of the health care system and potential for systems errors.

b. PGY-3: Participate in discussion during conferences that highlight systems errors. Articulate understanding of institutional risk-management resources available. Begin to identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care. Begin to advocate for optimal patient care in the setting of interdisciplinary interactions (e.g., discussions with insurance companies or care providers in other specialties).
c. PGY-4: Lead discussion during conferences that highlight systems errors. Articulate understanding of the intersection of the legal system and health care system in the context of medical errors. Consistently identify the social/governmental services necessary for vulnerable populations, including determination of eligibility for services and delivery of some aspects of care. Consistently advocate for optimal patient care in the setting of interdisciplinary interactions.

4. Cost-Conscious Care
    a. PGY-2: Demonstrate knowledge of how a patient's health care is paid for, and how this affects the patient's care. Articulate awareness of costs for common diagnostic or therapeutic tests, including the cost of performing and interpreting skin biopsies. Consider costs of medical and surgical therapies, and incorporate this into therapy decisions and discussions with the patient. Demonstrate awareness of minimizing unnecessary care, including tests, procedures, therapies, and ambulatory or hospital encounters. Usually apply principles of coding (ICD-10) and reimbursement (E&M levels/procedures) appropriate to medical record documentation.
    b. PGY-3 and PGY-4: Articulate awareness of common socioeconomic barriers that impact patient care. Articulate understanding of how cost-benefit analysis is applied to patient care (i.e., via principles of screening tests and the development of clinical guidelines). Identify the role of various health care stakeholders, including providers, commercial and government payers, and pharmaceutical industry and medical device companies, and their varied impact on the cost of and access to health care. Consistently apply principles of coding (ICD-10) and reimbursement.

C. Interpersonal and Communications Skills

1. Communication with Patients and Families
    a. PGY-2: Usually communicate effectively and build rapport with patients and families in routine encounters. May require guidance in stressful encounters. Occasionally recognize non-verbal cues from patients and use non-verbal skills to convey empathy. May require guidance in time-pressed, complex, and stressful situations. Speak in easily understandable language and avoid technical jargon. Actively seek the patient's and family's perspective. Use patient hand-outs and/or diagrams to explain diseases and treatments when appropriate. Counsel and provide clear and specific verbal and/or written instructions to patients related to diagnostic tests, risks/benefits of treatment, treatment alternatives, and therapeutic plans (including prescriptions). Assess patient comprehension of instructions. Identify special communication needs of vulnerable populations (e.g., pediatric and elderly patients, persons with disabilities or illiteracy, immigrants, refugees, veterans, prisoners). Appropriately use translators to facilitate communication with patients and families. Demonstrate appropriate face-to-face interaction while using the electronic health record.
    b. PGY-3 and PGY-4: Consistently communicate effectively and build rapport with patients and families in routine encounters, only occasionally requiring guidance in stressful encounters. Usually recognize nonverbal cues from patients and use non-verbal skills to convey empathy. Usually pace clinical interviews appropriately, spending extra time when indicated. Consistently maintain composure in difficult patient and family encounters. Consider patient beliefs in shaping the patient-physician relationship and therapeutic plan. Adapt patient/family-related information gathering to social and cultural context.
2. Having Difficult Conversations
    a. PGY-2: Recognize the circumstances related to having difficult conversations with patients and families. Begin to effectively communicate in routine clinical situations. May require guidance in complex or unusual circumstances.
    b. PGY-3 and PGY-4: Usually communicate effectively in difficult conversations with patients and families, including some complex or unusual circumstances.
3. Team Member Respect and Care Coordination
    a. PGY-2: Communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations.
    b. PGY-3 and PGY-4: Consistently communicate effectively with health care team members in ways that demonstrate appreciation for their skills and contributions in routine situations, only occasionally requiring guidance in difficult or contentious situations.

4. Consultation with Other Physicians
    a. PGY-2: Usually obtain and provide consultation and communicate effectively with supervisors, consultants, and referring providers in routine patient care situations. Demonstrate receptiveness to requests for consultations from other specialties and communicate promptly with referring providers.
    b. PGY-3 and PGY-4: Consistently obtain and provide consultation and communicate effectively and efficiently with supervisors, consultants, and referring providers in routine patient care situations, only occasionally requiring guidance in complex or nuanced situations. Communicate effectively with medical students, peers, and faculty members in a variety of formal and informal educational settings. Provide both positive and negative feedback, as appropriate, when mentoring other physicians. Consistently respectful of the opinions of colleagues. Work to resolve conflicts through proper channels and communication.
5. Medical Documentation
    a. PGY-2: Consistently document office visits, consultations, letters to referring providers, procedures, and counseling with clearly written and relevant information for routine situations. Ensure that patient records and orders are accurate, comprehensive, timely, and legible with attention to preventing confusion and error.
    b. PGY-3 and PGY-4: Consistently ensure that patient records, including outpatient and inpatient consultations, and transitions of care, are promptly and accurately documented for routine and complex situations.

D. Professionalism
1. Practicing Medicine Ethically
    a. PGY-2 and PGY-3: Truthfully document and report clinical information. Read and abide by formal policies and procedures (e.g., program, departmental, GME, HIPAA, use of clinical images, social media). Complete institutional confidentiality training and maintain confidentiality of protected health information. Understand a physician's fiduciary obligation to patients, and consistently place patient care needs above self-interest. Treat all patients with respect and dignity, regardless of socioeconomic, racial, or ethnic background or sexual orientation. Adhere to the ABD honor code and policies regarding academic honesty in preparing for and taking the annual in-service and certifying examinations. Display academic honesty and avoid plagiarism in talks, presentations, and publications. Perform all human subjects research in accordance with federal, state, and institutional regulations and guidelines. Understand the actions and relationships that constitute potential boundary crossings and violations, and actively avoid these. Recognize, manage, and disclose obvious conflicts of interest in publications and presentations. Aware of pitfalls of self-care and care of family members and associates, and under what circumstances these are either inappropriate or illegal. Respond promptly and appropriately to clinical responsibilities (e.g., timely reporting for duty, completion of medical records, returning patient phone calls, answering pages). Carry out timely interactions with colleagues, patients, and their

designated caregivers. Promptly complete clinical, administrative, and curricular tasks.

b. PGY-4: Educate junior learners and ancillary staff members in, and model adherence to, institutional and departmental policies and procedures, proper use of social media, equitable and empathetic treatment of all patients, and maintaining patient confidentiality. Adhere to state, institutional, and professional guidelines regarding physician relationships with industry.

2. Lifelong Learning and Improvement
    a. PGY-2: Admit to limitations and personal errors. Know when and who to ask for help. Accept constructive feedback and strive to improve. Explain the concept of leading by example. List and organize the topics and subtopics that must be learned for patient care and to pass the ABD certifying examination.
    b. PGY-3: Develop a self-improvement plan to address limitations and personal errors. Provide feedback to medical students. List gaps of knowledge and devise a plan for improvement.
    c. PGY-4: Assume leadership roles among the resident group (e.g., as Chief Resident, project manager). Provide feedback to junior residents and assist junior residents in recognizing their own limitations. Capable of passing the ABD certifying examination.
3. Making Patient Care a Priority
    a. PGY-2 and PGY-3: May need assistance with time management and setting priorities, but all patient care activities are completed in a timely fashion. Consistently demonstrate empathy and compassion to patients of all ages. Seek appropriate resources to advocate for individual patient needs with assistance. Recognize when patient values differ from your own and how this might affect the physician/patient interaction. Recognize disparities in health care among the local or referral-based population and how these may impact care of specific dermatologic diagnoses.
    b. PGY-4: Establish a list of priorities and effective time management that enables successful pursuit of professional and personal goals. Consistently demonstrate empathy and compassion to patients of all ages, including difficult or challenging patients. Demonstrate effective strategies to manage conflict when patient values differ from your own values. Discuss ideas and strategies to offset disparities in health care for specific dermatologic diagnoses.

EDUCATIONAL GOALS AND OBJECTIVES BY ROTATION

Medical Dermatology Assignments

<u>Outpatient Clinics (BUMC North Cancer Center, VA, and Pima Canyon Dermatology clinic)</u>
University of Arizona dermatology residents will receive most of the Medical Dermatology experience in the outpatient clinic settings. Each resident is expected to obtain a complete dermatologic history and exam as required by that particular condition and present it to the attending physician.

The attending physician then interviews and examines the patient, reviews pertinent data and provides immediate feedback, both positive and constructive, including adjustments that need to be made in the resident's assessment. Plans for further diagnosis and treatment are made, biopsies and other procedures are performed, and appropriate management is discussed.

Residents also participate in Resident Continuity Clinics where the resident functions as the primary dermatologic caregiver. The attending physician also sees and assists in the diagnosis and management of each patient in this clinic, but the residents are expected to function as a dermatologist in practice and are given freedom to explore their own therapies for their patients, within reason. Residents perform all documentation, authorizations and out of clinic management for their Resident Continuity Clinic patients.

Inpatient Dermatology Consultation Service (BUMC Main Hospital, BUMC South Campus, and VA)

Inpatient consultations are performed at the VA Medical Center and at BUMC Main and South Campuses. All consultations are evaluated by the resident and an attending physician within 24 hours of receiving the request. Any follow up care that may be required is then performed by the resident that evaluated the patient in their resident Continuity Clinic, whenever possible.

Competency Based Learning Objectives

A. Patient Care

1. History, Examination, and Presentation:
    a. PGY-2: With guidance, consistently identify key historical or physical examination findings and recognize their significance. Consistently demonstrate use of basic dermatologic terminology. With guidance, practice precise description of skin disease morphology.
    b. PGY-3: Consistently obtain accurate, targeted history and examination for routine conditions efficiently. Give a targeted presentation using appropriate terminology and provide pertinent negatives.
    c. PGY-4: Consistently extract difficult-to-elicit but pertinent information and clinical findings. Only occasionally require guidance with subtle or complex findings. Consistently give targeted and precise presentations with pertinent negatives.
2. Diagnostic Tests:

    a. PGY-2: On occasion, be able to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites.
    b. PGY-3: Usually perform in-office tests proficiently. Consistently select clinically appropriate laboratory and imaging tests.
    c. PGY-4: Consistently perform in-office tests proficiently and interpret results correctly. Consistently and accurately interpret laboratory and imaging test results.

3. Dermatopathology Application:
    a. PGY-2: Seek clinicopathologic correlation. Ensure accurate completion of pathology requisition forms.
    b. PGY-3: Usually interpret and apply findings to clinical care accurately for common neoplasms. Review own biopsy slides when possible.
    c. PGY-4: Consistently interpret and apply findings to clinical care accurately for common neoplasms. Usually interpret and apply findings to clinical care accurately for uncommon neoplasms and common inflammatory dermatoses. Usually interpret the results of special stains.
4. Medical Treatment:
    a. PGY-2: Consistently able to prescribe medications. Usually require guidance for indications, contraindications, dosing, and monitoring.
    b. PGY-3: Usually select appropriate medications for common dermatologic disorders. Consistently select correct vehicle and quantity for topical medications. Consistently prescribe and manage systemic medications for common dermatologic disease. Usually recognize common and serious side effects. May require direction in ordering monitoring tests.
    c. PGY-4: Consistently select appropriate medication and changes to medical therapy. Usually select appropriate systemic medication for management of complex diseases. Consistently monitor for side effects, including ordering appropriate tests.
5. Diagnosis, Management Decisions, and Patient Education:
    a. PGY-2: Consistently formulate a limited differential diagnosis. Usually need guidance in prioritizing diagnoses. With guidance, be able to formulate an appropriate management plan for common disorders, and occasionally without guidance.
    b. PGY-3: Consistently develop a differential diagnosis that includes common disorders and some more complex conditions with only occasional need for guidance regarding prioritization. Occasionally counsel patients about prevention, disease expectations, treatment, and longitudinal care. Usually formulate appropriate management plans for patients with common disorders, including longitudinal continuity care. Usually suggest appropriate specialist consultations.
    c. PGY-4: Consistently develop a comprehensive and weighted differential diagnosis. Usually educate patients with common and complex disorders with guidance. Consistently make management decisions for patients with common disorders, usually need guidance for patients with complex disorders. Consistently tailors counseling and management decisions for individual patient needs and preferences. Consistently seek appropriate specialist consultations.

B. Medical Knowledge
1. Medical Dermatology
    a. PGY-2: Demonstrate knowledge of the clinical and laboratory manifestations, expected course, and management options of common medical dermatologic disorders. Distinguish most urgent from non-urgent dermatological conditions. Demonstrate rudimentary knowledge of the value of preventive care and

socio-behavioral aspects of medical dermatologic disorders (e.g., health care economics and medical ethics).

b. PGY-3: Usually demonstrate knowledge of the clinical and laboratory manifestations, expected course and management options of common, uncommon, and complex medical dermatologic disorders. Identify and usually manage urgent dermatologic conditions. Usually demonstrate knowledge of preventive care and socio-behavioral aspects of common and complex medical dermatologic disorders.
c. PGY-4: Consistently demonstrate comprehensive knowledge of the clinical and laboratory manifestations, expected course, and management options of common, uncommon, and complex medical dermatologic disorders. Identify and manage urgent dermatologic conditions. Consistently recognize the value of preventive care and demonstrate sophisticated understanding of the sociobehavioral aspects of medical dermatologic disorders.

2. Application of Basic Science Knowledge to Clinical Care
   a. PGY-2: Occasionally apply basic science knowledge to dermatologic disorders.
   b. PGY-3: Usually apply basic science knowledge to dermatologic disorders. Relate advances in basic science to clinical practice. Occasionally formulate clinical questions raised by new basic science information.
   c. PGY-4: Consistently demonstrate ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Usually formulate clinical questions raised by new basic science information.

DERMATOLOGY ASSIGNMENTS

Phoenix Children's Specialty Care – Tucson, Phoenix, BUMC Tucson Main Campus (inpatient)

Expertise in pediatric dermatology is gained through a continual process of patient evaluation linked to current management principles throughout the three years of residency training. Three elements comprise the learning strategies: (1) clinical apprenticeship with experienced faculty supervision and bedside teaching; (2) formal scheduled educational interactions (pediatric dermatology core lecture series, kodachrome/patient unknown sessions); and (3) self-directed study utilizing current pediatric dermatology literature and textbooks.

Starting July 2022, residents in their final year of residency (PGY4) can participate in a two-week elective at Phoenix Children's Hospital in Phoenix to enrich the resident's total pediatric experience. This will be set up with the PD and APD prior to the resident's final year. This elective will take the place of a two-week period that would normally be spent at Phoenix Children's dermatology outpatient clinic in Tucson and will not replace the allotted elective time for PGY4

The overall goals for rotations with pediatric patients are:

- ✔ Develop expertise in the social and communication skills necessary to develop rapport with and obtain cooperation of pediatric patients.
- ✔ Practice appropriate communication skills and strategies for pediatric patients of different ages.
- ✔ Develop expertise in proper dermatologic examination techniques for children.
- ✔ Express principles and practice of diagnosing dermatologic disorders of childhood.
- ✔ Develop expertise in diagnostic and therapeutic procedures in children.
- ✔ Utilize current literature and evidence-based medicine to formulate treatment plans for the broad spectrum of pediatric skin disorders.
- ✔ Distinguish pharmacologic therapy in children and appreciate differences between children and adults regarding drug safety.
- ✔ Develop an understanding of the importance of cost-effective and age-appropriate therapeutic intervention.
- ✔ Develop expertise in counseling pediatric patients and their family members concerning the diagnoses, treatments and outcomes of childhood skin diseases.

<u>Competency Based Learning Objectives</u>

A. Patient Care
   1. Pediatric Treatment
      a. PGY-2: Occasionally integrate age, developmental status, and psychosocial factors when managing or evaluating children
      b. PGY-3: Usually integrate age, developmental status, and psychosocial factors into care of common disorders. Consistently use weight-based dosing with guidance with prescribing medications for children. Consistently perform simple procedures on children with guidance. Seek input on medicolegal issues (e.g., prescribing to unaccompanied minors, child abuse).
      c. PGY-4: Consistently integrate age, developmental status, and psychosocial factors into care of patients with common, uncommon, and complex disorders. Consistently uses weight-based dosing when prescribing medications for children. Consistently perform simple procedures on children independently.
   2. History, Examination, and Presentation:
      a. PGY-2: With guidance, consistently identify key historical or physical examination findings and recognize their significance. Consistently demonstrate use of basic dermatologic terminology. With guidance, practice precise description of skin disease morphology.
      b. PGY-3: Consistently obtain accurate, targeted history and examination for routine conditions efficiently. Give a targeted presentation using appropriate terminology and provide pertinent negatives.
      c. PGY-4: Consistently extract difficult-to-elicit but pertinent information and clinical findings. Only occasionally require guidance with subtle or complex findings. Consistently give targeted and precise presentations with pertinent negatives.

3. Diagnostic Tests:
    a. PGY-2: On occasion, be able to perform and interpret in-office tests, such as KOH preparations and scrapings for ectoparasites.
    b. PGY-3: Usually perform in-office tests proficiently. Consistently select clinically appropriate laboratory and imaging tests.
    c. PGY-4: Consistently perform in-office tests proficiently and interpret results correctly. Consistently and accurately interpret laboratory and imaging test results.
4. Dermatopathology Application:
    a. PGY-2: Seek clinicopathologic correlation. Ensure accurate completion of pathology requisition forms.
    b. PGY-3: Usually interpret and apply findings to clinical care accurately for common neoplasms. Review own biopsy slides when possible.
    c. PGY-4: Consistently interpret and apply findings to clinical care accurately for common neoplasms. Usually interpret and apply findings to clinical care accurately for uncommon neoplasms and common inflammatory dermatoses. Usually interpret the results of special stains.
5. Medical Treatment:
    a. PGY-2: Consistently able to prescribe medications. Usually require guidance for indications, contraindications, dosing, and monitoring.
    b. PGY-3: Usually select appropriate medications for common dermatologic disorders. Consistently select correct vehicle and quantity for topical medications. Consistently prescribe and manage systemic medications for common dermatologic disease. Usually recognize common and serious side effects. May require direction in ordering monitoring tests.
    c. PGY-4: Consistently select appropriate medication and changes to medical therapy. Usually select appropriate systemic medication for management of complex diseases. Consistently monitor for side effects, including ordering appropriate tests.
6. Diagnosis, Management Decisions, and Patient Education:
    a. PGY-2: Consistently formulate a limited differential diagnosis. Usually need guidance in prioritizing diagnoses. With guidance, be able to formulate an appropriate management plan for common disorders, and occasionally without guidance.
    b. PGY-3: Consistently develop a differential diagnosis that includes common disorders and some more complex conditions with only occasional need for guidance regarding prioritization. Occasionally counsel patients about prevention, disease expectations, treatment, and longitudinal care. Usually formulate appropriate management plans for patients with common disorders, including longitudinal continuity care. Usually suggest appropriate specialist consultations.
    c. PGY-4: Consistently develop a comprehensive and weighted differential diagnosis. Usually educate patients with common and complex disorders with guidance. Consistently make management decisions for patients with common disorders, usually need guidance for patients with complex disorders.

Procedural/Surgical and Cosmetic/Aesthetic Dermatology

Pima Dermatology, Skin Spectrum, BUMC North Cancer Center, VA, Pima Canyon Dermatology Clinic

An integral part of the Dermatology residency training program involves management of cutaneous disorders with procedural/surgical dermatologic techniques. The didactic portion of the procedural/surgery training occurs in all three years of the residency. The procedural/surgical rotations occur during the second and third years of the residency program.

After completing the procedural/dermatologic surgical curriculum, dermatology residents should be expert at diagnosing and managing cutaneous disorders in adults and children that are best treated by procedural/dermatological techniques equivalent in efficiency to that of a practicing dermatologist that has recently been certified by the American Board of Dermatology. They are trained in preoperative diagnosis and evaluation as well as postoperative care and complication management. They are trained technically in all aspects of cutaneous procedures and surgery.

Included in this section is cosmetic/aesthetic dermatology training. This focuses on techniques of cosmetic and elective surgery, and the principles for clinical management of these patients. PGY-3 and PGY-4 Dermatology residents have the opportunity to receive hands-on and observational training of many procedures including:

- ✔ Pulse Dye Laser for port wine stains, hemangiomas, TMEP, verruca, keloids
- ✔ Q-Switched Nd:YAG Laser for tattoos, lentigenes, café au lait macules
- ✔ Long Pulsed Nd:YAG Laser for hair removal, leg veins
- ✔ CO_2 Fractional Laser for acne scarring, rhytides, actinic damage
- ✔ Intense Pulsed Light for actinic damage
- ✔ Chemical Peel (superficial and medium depth) for comedonal acne and actinic damage
- ✔ Botulinum toxin for facial rhytides and axillary hyperhidrosis
- ✔ Dermal fillers – for facial rhytides
- ✔ Photodynamic Therapy – for actinic keratoses
- ✔ Dermabrasion
- ✔ Scar Revision

Additionally, residents will receive instruction in the principles of:

- ✔ Tumescent Liposuction
- ✔ Hair transplantation
- ✔ Sclerotherapy for spider veins of the legs

Upon completion of this curriculum, dermatology residents should be able to demonstrate expertise in the principles and practice of the management of individuals who present for cosmetic/aesthetic dermatological concerns equivalent in efficiency/effectiveness to that of a practicing dermatologist that has recently been certified by the American Board of Dermatology.

Competency Based Objectives

A. Patient care

1. Surgical Treatment
    a. PGY-2: Consistently implement universal precautions, obtain informed consent for biopsy, perform antisepsis, and administer local anesthesia for common procedures. Consistently demonstrate proficiency in basic procedures such as cryotherapy and biopsy. Consistently complete documentation for basic surgical procedures. Usually performs basic procedures, such as malignant destruction and excision sutured by layered closure, with guidance.
    b. PGY-3: Consistently able to assess and counsel patients for basic procedures. Usually able to perform a pre-operative assessment and to set up surgical instrumentation. Consistently able to perform skin preparation and to administer local anesthesia for more complex procedures. Consistently able to manage post-operative care and minor complications. Consistently performs basic procedures, such as malignant destruction and excision sutured by layered closure. Usually performs complex reconstruction, such as flaps and grafts, with guidance. Observes or assists in Mohs micrographic surgery and non-invasive cosmetic procedures such as soft tissue augmentation, botulinum toxin injections, and laser.
    c. PGY-4: Consistently able to assess and counsel patients for advanced procedures, such as Mohs micrographic surgery and laser therapy. Usually able to prepare a patient for advanced procedures (e.g., use of pre- and post-operative antibiotics, sedatives, and narcotics; choice of appropriate anesthetic agent, including arrangement for general anesthesia if required). Consistently able to surgically treat most skin cancers by demonstrating a knowledge of relevant anatomy to guide intra-operative surgical decision making. Consistently able to manage most complications related to surgery.
2. History, Examination, and Presentation:
    a. PGY-2: With guidance, consistently identify key historical or physical examination findings and recognize their significance. Consistently demonstrate use of basic dermatologic terminology. With guidance, practice precise description of skin disease morphology.
    b. PGY-3: Consistently obtain accurate, targeted history and examination for routine conditions efficiently. Give a targeted presentation using appropriate terminology and provide pertinent negatives.
    c. PGY-4: Consistently extract difficult-to-elicit but pertinent information and clinical findings. Only occasionally require guidance with subtle or complex findings. Consistently give targeted and precise presentations with pertinent negatives.
3. Dermatopathology Application:
    a. PGY-2: Seek clinicopathologic correlation. Ensure accurate completion of pathology requisition forms.
    b. PGY-3: Usually interpret and apply findings to clinical care accurately for common neoplasms. Review own biopsy slides when possible.

c. PGY-4: Consistently interpret and apply findings to clinical care accurately for common neoplasms. Usually interpret and apply findings to clinical care accurately for uncommon neoplasms and common inflammatory dermatoses. Usually interpret the results of special stains.

B. Medical Knowledge

1. Dermatologic Surgery
    a. PGY-2: Demonstrate knowledge of the basic concepts of antisepsis, pharmacokinetics of local anesthesia, and wound healing, including management of clean wounds and signs of infection. Recognize the reasons for protocol-driven procedural safety, including universal precautions and informed consent. Demonstrate knowledge of topical anatomy and relevant underlying structures. Recognize potential relevant drug reactions and interactions related to dermatologic surgery. Recognize the pathology of skin cancer and how it impacts surgical decision making.
    b. PGY-3: Demonstrate knowledge of suture material used in the skin and complex concepts of wound healing, including chronic ulcers and other complex wounds. Demonstrate knowledge of relevant oral sedatives or analgesics, including narcotics. Demonstrate knowledge of the science of device-tissue interaction for commonly used tools in dermatologic surgery, including liquid nitrogen, electrosurgical devices, and laser physics. Recognize the indications for pre- and post-operative antibiotic use. Demonstrates knowledge of the concepts and principles of non-invasive cosmetic procedures, such as botulinum toxin injections, soft tissue augmentation, and some light-based therapies.
    c. PGY-4: Demonstrate knowledge of tissue biomechanics and optimal wound closure, including the design of flaps and grafts. Demonstrate knowledge of the methodology of procedures such as Mohs micrographic surgery. Demonstrate mastery of and teach the indications and cost-effectiveness of all steps in basic cutaneous surgical procedures, including biopsy, excision, electrosurgery, cryosurgery, vascular lasers, and simple, intermediate, or complex repairs, including flaps or grafts. Demonstrates knowledge of the methodology of procedures such as soft tissue augmentation, botulinum toxin injections, and laser. Demonstrates knowledge of the methodology and science associated with invasive cosmetic dermatologic procedures, such as laser resurfacing, hair transplantation, and liposuction.
2. Application of Basic Science Knowledge to Clinical Care
    a. PGY-2: Occasionally apply basic science knowledge to dermatologic disorders.
    b. PGY-3: Usually apply basic science knowledge to dermatologic disorders. Relate advances in basic science to clinical practice. Occasionally formulate clinical questions raised by new basic science information.
    c. PGY-4: Consistently demonstrate ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Usually formulate clinical questions raised by new basic science information.

Dermatopathology/Immunopathology
Dermpath Diagnostics, VA

Proficiency in the evaluation, performance and interpretation of cutaneous pathology specimens has been and remains a critical aspect of dermatology. Practicing dermatologists require a basic understanding of skin histopathology not only for the day to day care of their patients but also for interactions with dermatopathologists who are evaluating their submitted biopsies. In addition, residency graduates sitting for their board examinations will be expected to be able to view glass slides and render a diagnosis as well as be acquainted with the vernacular of the discipline in other areas of the examination. During the PGY-3 and PGY-4 year, residents are assigned to the dermatopathology rotation. It is during this time period when their most intensive exposure to dermatopathology occurs and when they are exposed to the greatest number of cases both routine and esoteric.

The specific goals for University of Arizona Dermatology Residents are to be proficient in the following:

- ✔ Interpretation of common tumors and inflammatory conditions presenting in the skin.
- ✔ Familiarity with typical immunofluorescence patterns associated with various skin conditions.
- ✔ Rendering an appropriate differential diagnosis for what is present under the microscope.
- ✔ Suggestions for appropriate routine and immunohistochemical stains for a given biopsy.
- ✔ Knowledge of the features of routine and immunohistochemical stains available for skin pathology specimens.
- ✔ Interpretation of potassium hydroxide, Tzanck and oil treated skin scrapings.
- ✔ Interpretation of hair shaft abnormalities.
- ✔ Discerning when direct consultation with the clinicians regarding their submitted biopsy specimens is appropriate.
- ✔ Medico-legal ramifications of cutaneous pathology evaluations.
- ✔ Discerning when and how to obtain appropriate outside consultations for given specimens.
- ✔ Knowledge of specimen preparation and interpretation costs.

Additionally, residents are expected to learn the following:

- ✔ The immunological basis of each type of diagnostic immunofluorescence test and how this technique is performed and interpreted.
- ✔ In which autoimmune dermatological diseases the results of direct and indirect immunofluorescence may be diagnostically helpful, and in which diseases one or both of these diagnostic tests is mandatory.
- ✔ To identify and interpret specific diagnostic immunofluorescence patterns.

- ✔ How specialized indirect immunofluorescence studies (antigenic mapping) may be used to diagnose and subclassify patients with inherited epidermolysis bullosa.

Competency Based Objectives

A. Medical Knowledge
1. Medical Knowledge
    a. PGY-2: Identify basic histology of the skin and inflammatory cells. Occasionally identify histopathologic findings of common skin disorders correctly. Demonstrate a knowledge of direct and indirect immunofluorescence tests and correct locations for biopsies.
    b. PGY-3: Recognize histologic patterns of inflammatory disease and common neoplastic conditions. Usually identify histopathologic findings of common skin disorders correctly. Occasionally identify less common disorders correctly. Formulate a limited differential diagnosis of pathologic findings. Demonstrate knowledge of relevant special stains.
    c. PGY-4: Consistently identify histopathologic findings of uncommon skin disorders correctly. Formulate an expanded differential diagnosis for inflammatory and noninflammatory disorders. Recognize histologic features of most benign and malignant cutaneous tumors. Demonstrate knowledge of the indications and cost of special stains, immunofluorescence, and immunohistochemistry.
2. Application of Basic Science Knowledge to Clinical Care
    a. PGY-2: Occasionally apply basic science knowledge to dermatologic disorders.
    b. PGY-3: Usually apply basic science knowledge to dermatologic disorders. Relate advances in basic science to clinical practice. Occasionally formulate clinical questions raised by new basic science information.
    c. PGY-4: Consistently demonstrate ability to organize, present, and apply relevant basic science knowledge to the care of dermatology patients. Usually formulate clinical questions raised by new basic science information.

Educational Time

Throughout the year, residents will be assigned to educational or “edu” time. This time is to be used for educational purposes only. Examples include research, studying for examinations, working on presentations for grand rounds or edu (Monday and Friday resident led educational lectures), quality improvement projects, etc. **This is not a scheduled half or full-day off from clinic. This edu time is to be changed to clinical duties at any time at the discretion of the PD.** Appointments or other activities **should not** be scheduled during this time unless already approved by the PD. Any resident that is identified to be using this time for any purpose other than education, including an appointment that was not pre-approved by the PD, will need to replace this edu time with a vacation day.

APPROVED TIME OFF (ATO) / LEAVE

TIME KEEPING

Requests for **any** time off need to be discussed with the Program Coordinator, Sara Rojas, and both the PD And APD, Drs. Curiel and Thiede, via email message. Of note, per ACGME and ABD, a resident cannot miss more than 8 weeks (6 weeks of leave + 2 weeks of vacation) of clinical dermatology curriculum during any academic year and/or more than 16 weeks cumulatively over the entire residency training period. If a resident exceeds the yearly and/or total residency amount of allotted leave, then the resident will have to extend their residency period in order to graduate and sit for their final board examination.

VACATION POLICY

Residents do not participate in Banner's Paid Time Off (PTO) policy. Instead, residents receive twenty days of vacation per year. In addition to following the University of Arizona GME trainee policy manual, Dermatology residents should use three blocks of five consecutive days off. The remaining five days may be split once by PGY-2 and PGY-3 residents, while they may be split into five individual days by PGY-4 residents. Exceptions to this policy must be approved by the Program Director. Starting 2022-23, PGY-4 residents will be required to take vacation during the final five workdays in the academic year to allow time for board preparation and relocation planning. Depending on the individual situation, a portion of these 5 vacation days may be used for interviews throughout the year.

All vacation requests must be submitted via email prior to the beginning of the academic year, to the Chief Resident who will initially review for conflicts and then requests will move forward to the Program Director for final approval, with **minimum of 60 days prior to vacation**. Notification regarding approval will be returned electronically within a short period of time.

Changing of vacation dates are subject to approval by the Program Director and Associate Program Director. To ensure patient care needs are prioritized, residents are allowed to make **ONE** vacation change be academic year. The request should be submitted **90 days in advance of the affected dates**. If the request is submitted less than 60 days from the affected dates, a trading resident will be required and approval from the Program Director and Associate Program Director is needed to make sure the trade aligns with the required abilities of the trading residents. It is the responsibility of the Resident to make arrangements for coverage, including opening or closing their own continuity clinics as well as coverage for consults/call, and to notify and remind all parties involved.

Interview changes are not subject to the one change per academic year. If these changes are within 60 days, the requesting resident is responsible for arranging coverage for their academic responsibilities during their interview time.

Vacation days may not be saved from year-to-year, and may not be used in advance. Residents are not entitled to compensation for any unused vacation days.

SICK POLICY

Residents begin accruing sick time on the first day of their employment in the AZ Sick Bank. This was created to meet the requirements of Arizona's Fair Wages and Health Families Act. It will start at zero balance. For each hour you work, you will earn 0.0333 hours in your AZ Sick Bank up to a maximum of 40 hours per year. You may use available hours in your Sick Bank for yourself (or certain family members) in the following circumstances:

FAMILY AND MEDICAL LEAVE (FML)

Residents are entitled to up to 8 weeks per academic year OR a maximum of 16 weeks cumulative over the entire residency period. For any FML absence, residents who must take leave for any reason (medical, maternity/paternity, personal, surgery, family emergency, etc.). If the resident exceeds the above amount of time allotted, the resident will be required to make up the time to extend their training based on ABD guidelines. This may delay the ability of sitting for the Applied Board Examination. These arrangements must be done in advance (when feasible) and must be approved by the Program Director. For more information, please refer to the ABD website.

EDUCATIONAL/ACADEMIC TRAVEL POLICY

All residents are provided protected time to attend the AAD Annual Meeting, which takes place in the spring. The intention is that residents should seek education for specific curricular gaps at the AAD annual meeting.

Depending on the location of the Annual AAD Meeting, residents will be protected from clinical duties all day Thursday, Friday, Monday (east coast meeting location) OR Thursday afternoon and all day Friday, Monday (west coast) in order to allow all residents the opportunity to travel and attend. Residents are expected to return to clinical duties on the Tuesday morning, after AAD weekend. The dermatology consult service/responsibilities continue during the AAD meeting, an alternative method to pager is required as pagers are out of range when out of town.

Each resident will be allowed to attend ONE additional conference per academic year. Requests will be accepted on a first come basis and should be **submitted greater than 60 days prior to the affected dates**. Max three excused days from clinical duties may be approved. The requesting resident must submit or present an abstract or poster to the conference of interest. **All requests for educational leave must be approved by the Associate Program Director, Dr. Thiede**. Multiple requests for same dates may be denied if it results in clinical coverage gaps. Expenses must be covered by the resident.

Interviewing

Leave granted for interviews must be taken as vacation, and thus the same process in regard to requesting time away and making arrangements for coverage and notifications is the resident's responsibility. Educational leave may not be used for interviewing.

NOTE: Training must be extended to make up any absences exceeding one month per year (in addition to vacation time), regardless of their cause.

MOONLIGHTING POLICY

Because the Dermatology Residency is a full-time educational endeavor, it is imperative that any moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

- ✔ Moonlighting may be permitted with prior approval of the Program Director and Chief of the Division.
- ✔ In order to be considered for moonlighting, the resident must be in their final year of residency (PGY4) and have passed all four of their CORE examinations.

Evaluations are completed online, using the New Innovations software. Residents should log on periodically and review their completed evaluations as well as complete evaluations of the program, faculty and rotations: www.new-innov.com. The institution is: “UA”

AMERICAN BOARD OF DERMATOLOGY

Mid and annual evaluation reports for each resident are submitted by the Program Director and faculty to the American Board of Dermatology

Note: *In order for a candidate to take the certifying examination, the Program Director must certify that each year of training was completed in a satisfactory manner.*

ACGME MILESTONES

Residents are required to review the ACGME’s Dermatology Milestones to be aware of clear expectations on ACGME’s requirements of the overall Dermatology training program. Milestone evaluations are also completed by the Dermatology faculty as part of the Clinical Competency Committee and submitted every six months, each year of training.

See ACGME Milestones for detailed information:
https://www.acgme.org/Portals/0/PDFs/Milestones/DermatologyMilestones.pdf

STANDARDS OF RESIDENT PERFORMANCE & ADVANCEMENT

For advancement, Residents are required to:

- ✔ Demonstrate successful completion of PGY-2 and PGY-3 rotations. The Residency Committee will be responsible for reviewing an unsatisfactory evaluation and for determination of any necessary remediation.
- ✔ Show competency to supervise medical students as determined by faculty evaluations.
- ✔ Demonstrate sufficient progress in the components of clinical competence that he is capable of functioning as a Dermatology consultant with a minimal degree of general and specific supervision.
- ✔ Demonstrate learning of the dermatology curriculum through satisfactory performance on the in-service exam.
- ✔ Maintain an exemplary level of ethical behavior and conduct.
- ✔ Adhere to the guidelines of this Dermatology Residency Housestaff manual.

NOTICE OF DEFICIENCY & PROBATION

A Resident may receive a Notice of Deficiency for sub-standard performance in any of the following 3 areas:

✔ Academic

Any one (or more) of the following failures will result in a *Notice of Academic Deficiency*:
1) Inadequate participation of less than 70% non-excused attendance
2) Unsatisfactory performance cumulatively in the curriculum

Conditions: The *Notice of Deficiency* is in effect for a minimum of six months; its rescission requires documentation of substantial progress on the part of the Resident toward correction.

✔ Clinical

1) Clinical evaluation consistently indicating either substandard performance or failure to progress satisfactorily
2) Poor performance on several rotations suggesting a lack of clinical dedication.
3) Specific areas needing substantial improvement are repeatedly identified.

Conditions**:** Term of up to 6 months Restrictions and Requirements:
. Prospective approval of any non-educational clinical activities
. Monthly meetings with Program Director after an initial meeting with the Program Director / Clinical Competency Committee
. Address specific areas of concern with remedial work
. Subsequent notice of deficiency may result in probation

✔ Administrative/Professional/Ethical

Any of the following are potential grounds for *Notice of Deficiency* or more severe sanctions, if warranted.

1) Failure to discharge Resident responsibilities, e.g. medical records
2) Failure to comply with governance policies
3) Interpersonal conflicts/psychosocial problems/substance abuse
4) Physical, verbal or sexual harassment
5) Unprofessional conduct, including but not limited to abrogating or failing to respond to clinical responsibilities

Conditions: Term dependent on acknowledgment and resolution of the problems and appropriate remedial action, e.g. counseling.
Restrictions: As appropriate

Failure to achieve substantial progress in correcting a *Notice of Deficiency* may result in placement on probation. If satisfactory progress is again not made during a period of probation, non-continuance for the coming academic year may be recommended by the Program Director to the Clinical Competency Committee.

PROBATION & DISMISSAL

The University of Arizona College of Medicine Resident- physician suspension and dismissal procedures (due process) can be found at: http://medicine.arizona.edu/form/due-processguidelines-residents-and-fellows-com

X. Acknowledgement of Receipt of Policies

This acknowledges my receipt of the Policies for the Dermatology Residency Program. I understand that it is my responsibility to be knowledgeable of and adhere to their contents. This also acknowledges my receipt of the overall and rotation-specific goals and objectives of the Dermatology Residency Program.

Date: _____

Printed Name: _____

Signature:

Please sign, date, and return to the Dermatology Program Coordinator