

Memorial Sloan-Kettering Cancer Center

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Contents:

Policies and Procedures Manual

**Memorial Sloan-Kettering Cancer Center/Weill Cornell
Policies and Procedures Manual
Micrographic Surgery and Dermatologic Oncology
Fellowship
2015-2016**

Fellow Guidelines and Expectations

- There must be sufficient institutional oversight to assure that fellows are appropriately supervised. Fellows must be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience. The attending faculty must determine the level of responsibility and rate of progression to independence accorded to each fellow.
- The fellow's role at all training sites is to provide patient care under the supervision of the attending.
- Dr. Nehal will communicate with the fellow on a weekly basis to be sure the fellow is receiving appropriate supervision at all participating institutions.
- A faculty member is always available when the fellow is providing patient care.
- The ultimate responsibility for the care of any patient falls to the attending faculty physician for that patient. At no time should there be any major decisions made concerning a patient without the attending physician's knowledge and approval.
- As physicians, fellows may act in the best interests of patients in emergencies, subject to subsequent review by faculty and the usual quality assurance measures of the medical staff.
- Fellows should report any significant change in a patient's condition to the faculty physician.
- The primary responsibility of all physicians is patient care. However, our schedule has been designed to permit the fellow to attend the lectures, conferences, rounds, etc.
- Fellow is required to attend all seminars or conferences relevant to procedural dermatology. This includes teaching sessions at Weill Cornell and MSKCC, MSKCC Tumor Board Conference, Melanoma disease management team, dermatology research conference, Weill Cornell Grand Rounds, Dermatologic surgery didactic sessions, frozen slide and complications review, MSCMP Tumor Board Conference as well as special sessions throughout the year.
- The fellow is expected to keep a log of all seminars attended. Attendance and log sheets will be reviewed and discussed at the semiannual evaluation/review.

MSKCC/WEILL CORNELL MICROGRAPHIC SURGERY AND DERMATOLOGIC ONCOLOGY FELLOWSHIP

Overall Educational Goals

The micrographic surgery and dermatologic oncology fellowship program provides an organized, systematic, and progressive educational experience for physicians seeking to acquire advanced competence as a dermatologic surgeon. Below are the components of the training program.

I. CUTANEOUS ONCOLOGIC SURGERY

This component covers all aspects of cutaneous oncology, Mohs surgery, and advanced reconstruction:

- Diagnosis, evaluation, and management of common and rare cutaneous, benign and malignant neoplasms in a diverse patient population
- Effective integration of surgical and nonsurgical treatment modalities for each patient
- Mohs surgery excision, interpretation of Mohs frozen sections
- Repair methods ranging from simple closures to flaps and grafts
- Effective interaction with other disciplines in the multidisciplinary care of skin cancer patients

II. MELANOMA PROGRAM

This component covers in depth all aspects of melanoma management as it relates to the dermatologic surgeon:

- Current knowledge of melanoma and dysplastic nevi
- Evaluation, management, and counseling of patients with melanoma and dysplastic nevi
- Staging of melanoma
- Latest medical and surgical treatments of melanoma including wide excision, staged excision and sentinel lymph node biopsy

III. CUTANEOUS COSMETIC SURGERY

This component covers in depth cutaneous laser surgery and cutaneous cosmetic dermatology with attention to the following conditions and treatment options:

Conditions

- Acne scarring
- Facial telangiectasia, Port wine stains, hemangiomas
- Removal of unwanted hair
- Spider veins of the legs
- Photodamage – solar lentigo, rhytids
- Tattoo removal

Treatments

- Laser resurfacing-ablative and nonablative
- Lasers for vascular lesions
- Lasers for pigmented lesions
- Microdermabrasion and dermabrasion
- Chemical Peel
- Botulinum Toxin Injections
- Soft tissue fillers
- Hair Transplantation
- Small Volume Liposuction, Lipotransfer
- Treatment of Venous Disease and Sclerotherapy

IV. ADMINISTRATIVE PROGRAM

This component covers administrative, regulatory, ethical, and legal issues that are major aspects in the practice of medicine:

- Departmental and hospital policies
- Joint Commission standards
- ACGME and RRC requirements
- CMS (HCFA, Medicare, Medicaid) regulations
- Health insurance plans and their regulations
- Malpractice issues
- Ethical issues, including interactions with commercial companies
- ACCME (Continuing Medical Education) requirements
- Coding and billing
- Leadership and interpersonal skills to effectively lead a highly trained surgical unit and establish new training programs at other institutions
- principles of Quality Assurance (QA) and Quality Improvement (QI) to optimize patient safety and outcomes
- Mohs lab regulations and management

V. ELECTIVE

No formal electives are scheduled. However, the fellow will have ample opportunity to interact with other disciplines in the setting of complex skin cancer cases: such as Head and Neck Surgery, Plastic Surgery, Oculoplastic Surgery, Surgical Oncology, Radiation Oncology, Dermatopathology, and Medical Oncology. The fellowship faculty will facilitate these interdisciplinary interactions.

VI. RESEARCH

The fellow will have the opportunity to initiate projects with fellowship faculty. The project may involve melanoma, non-melanoma skin cancer, cutaneous cosmetic surgery, or laser surgery. The fellow will design and execute projects based on sound scientific methodology, accurate data analysis, and communication of results. The fellow will have protected academic time for this. It is expected that the research project will result in the writing and submission of an academic paper or presentation at a local or national meeting.

VII. TEACHING

Teaching is an important mission of the fellowship program and there are multiple opportunities for the fellow to learn the art of teaching through mentorship with faculty:

- The fellow will give didactic lectures on dermatologic surgery topics to Cornell dermatology residents
- The fellow will teach monthly dermatologic surgery lab sessions with attending faculty covering the topics of biopsies, excisions, flaps, grafts, nail surgery, lasers and cosmetics
- The fellow will teach rotating medical students and residents

VIII. SERVICE

The fellowship encourages the fellow to be active in community leadership through public service and cancer prevention efforts. Participation in the annual American Academy of Dermatology Skin Cancer screening Program is required.

IX. CONFERENCES

Our purpose is to train future leaders in dermatologic surgery. To this end, the educational curriculum is designed to provide each fellow with opportunities to fully develop the skills necessary of an academic dermatologic surgeon:

- Weekly Dermatology grand rounds at Weil Cornell
- Weekly Tumor Board conferences at MSKCC
- Melanoma Disease Management Team meetings at MSKCC
- Local and Regional Conferences

MSKCC/WEILL CORNELL MICROGRAPHIC SURGERY AND DERMATOLOGIC ONCOLOGY FELLOWSHIP

Rotation Goals/Objectives:

Mohs/Cutaneous Surgery, Cutaneous Oncology and Dermatopathology Rotation

Faculty: Dr. Kishwer Nehal, Dr. Erica Lee, Dr. Klaus Busam, Dr. Anthony Rossi

Location: Memorial Sloan Kettering Cancer Center

Rotation: 3 days per week

Competency: Patient Care

Goal: *To provide care for skin cancer patients that is caring, sensitive, and effective in optimizing patient education and outcomes.*

Objectives:

1. The fellow should demonstrate patient care that is compassionate, respectful, and responsive and especially tailored to the unique needs of skin cancer patients.
2. Patient care should efficiently optimize patient education and outcomes.
3. The fellow should recognize the value of non-intervention and that of specialist referral in cancer care.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance Feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Direct Observation
2. Global assessment
3. Multisource assessment
4. Review of case log
5. Patient Survey
6. Oral examination

Competency: Medical Knowledge

Goal: *The fellow will acquire knowledge in cutaneous oncology and dermatologic surgery and develop expertise in skin cancer management, including Mohs surgery and cutaneous reconstructive surgery.*

The fellow will acquire medical knowledge of:	Recommended proficiency interval
1. Anatomy, especially of the head and neck.	First ½ of year
2. Adjunctive tools of skin examination such as Woods lamp, dermoscopy.	First ½ of year
3. Understand the etiology, epidemiology, and prevention aspects of skin cancer.	First ½ of year
4. Accurate diagnosis and tumor management of common and rare cutaneous malignancies.	First ½ of year
5. Staging systems for skin cancer, their indications and limitations.	First ½ of year
6. Anesthesia techniques, including local, regional, nerve blocks, and anxiolytics.	First ½ of year
7. Pre-operative evaluation of the skin cancer patient and management of medical comorbidities in the context of surgical care.	First ½ of year
8. Postoperative care of skin cancer patients including the management of complications.	First ½ of year
9. Instrumentation, closure materials, sterilization, aseptic technique and appropriate antibiotic usage.	First ½ of year
10. Surgical and non-surgical therapies for skin cancer.	First ½ of year
11. Electrosurgery, cryosurgery, scalpel surgery.	First ½ of year
12. Wound healing modalities.	First ½ of year
13. Basic life support and advanced cardiac life support training.	First ½ of year
14. Recognition of low and high risk malignancies and indications for referral for management.	First ½ of year
15. Mohs micrographic surgery technique and its variations including its indications, contraindications, and limitations.	Second ½ of year
16. Dermatopathology and frozen section interpretation as it relates to skin cancer resection.	Second ½ of year
17. Reconstructive techniques for skin cancer defects.	Second ½ of year
18. Scar revision techniques, including Z-plasty, W-plasty, intralesional medications, dermabrasion.	Second ½ of year
19. Photodynamic therapy and its indications in treating malignant and pre-malignant skin lesions.	Second ½ of year
20. Knowledge of radiation oncology as it applies to skin cancer management (primary & adjuvant).	Second ½ of year
21. Knowledge of imaging modalities and their indications & limitations for evaluating skin cancer patients.	Second ½ of year
22. Organizing and developing a Mohs laboratory in compliance with CLIA, which includes a quality assurance program	Second ½ of year
23. Issues surrounding equipment purchase, such as science	Second ½ of year

and efficacy, safety and liability, marketability, overhead and maintenance.

24. Laser physics and safety.

Second ½ of year

25. Indications and applications for various lasers

Second ½ of year

26. Wound healing following laser surgery, for different skin types.

Second ½ of year

The fellow should develop advanced skills in

Recommended proficiency interval

- | | |
|--|------------------|
| 1. Complete skin examination, lymph node examination, and targeted neurologic examination of the head and neck. | First ½ of year |
| 2. Administration of local anesthesia, nerve blocks, anxiolysis. | First ½ of year |
| 3. Mohs layer resection and mapping techniques. | First ½ of year |
| 4. Suturing techniques. | First ½ of year |
| 5. Non-laser superficial destruction of cutaneous lesions (curettage, cryotherapy, intralesional medications, chemical peels, dermabrasion). | First ½ of year |
| 6. Mohs frozen sections and frozen section biopsy interpretations. | Second ½ of year |
| 7. Reconstructive techniques (secondary intention healing, primary closures, complex closures, skin grafts, advancement flaps, rotation flaps, transposition flaps, cartilage grafting, wedge excisions of the lip and ear). | Second ½ of year |
| 8. Nail Surgery | Second ½ of year |
| 9. Laser ablation of cutaneous lesions (malignant and non-malignant). | Second ½ of year |

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Direct observation
2. Global assessment
3. In-house written examination
4. Review of case log
5. Oral examination

Competency: Practice-Based Learning and Improvement

Goal: *The fellow must evaluate and investigate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care. They must develop a career of life-long learning.*

Objectives:

1. The fellow should be able to organize, actively participate, and present effectively in Journal clubs.
2. The fellow should be able to acquire, identify, and apply recent medical literature to patient care. Skills in critically analyzing the medical literature are essential.
3. The fellow will be involved in tumor board, multidisciplinary conferences, and relevant didactics.
4. The fellow will appreciate the role of quality assurance and quality improvement processes in optimizing patient care.
5. The fellow must be capable of self analysis and respond positively to constructive feedback.
6. A complications log should be kept by the fellow and be reviewed with the faculty.
7. The fellow should be able to effectively lead and facilitate a team meeting.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions
5. Individual Project

Assessment Methods:

1. Global assessment
2. Multisource assessment
3. Oral examination
4. Project assessment

Competency: Interpersonal and Communication Skills

Goal: *The fellow should be able to communicate to patients, their families, and other health professionals in a clear, caring, and respectful manner.*

Objectives:

1. The fellow must be able to communicate to patients and their families in an effective informed consent.
2. The fellow must be able to clearly and concisely explain diagnoses, therapeutic options, prognosis, and perioperative issues and engage patients and their families in a shared-decision making process.
3. The fellow should be able to accurately and efficiently present clinical data to faculty in patient management process.
4. The fellow should develop a confident, calm and reassuring approach to surgical patients.
5. The fellow should have knowledge of HIPAA regulations as it applies to patient and family communications.
6. The fellow must be able to communicate clearly and concisely to other specialists relevant issues in a patient's multidisciplinary care.
7. Clear, concise, and respectful communications to ancillary healthcare personnel in the process of patient care. Specifically, effective communication in the direction, task delegation, and management of a Mohs surgical schedule is essential.
8. The fellow should be able to communicate responsibilities and appropriately delegate responsibilities to trainees.
9. The fellow must be able to dictate effectively and timely a history and physical, consultative and operative note, and follow-up visits and letters in patient care documentation.
10. Provide nursing education as part of process improvement.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Multisource assessment
2. Global assessment

Competency: Professionalism

Goal: *The fellow should have a constant commitment to excellence, integrity, and sensitivity in the care for patients and in the interactions with other health professionals.*

Objectives:

1. Integrity, honesty, respect, and a commitment to excellence is displayed in all activities (interactions with health care personnel, patient care, rotations, didactics, scholarly work).
2. The fellow should be sensitive, respectful, and adapt appropriately to the social and cultural issues of each patient.
3. Displaying initiative and resourcefulness in patient care and in solving problems.
4. The fellow should be timely in attendance of activities and completion of tasks.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Global assessment
2. Multisource assessment

Competency: Systems Based Practice

Goal: *The fellow should be cognizant of the healthcare system and the resources available for effective patient care, as well as cost-effective management of skin cancer patients.*

Objectives:

1. Incorporate the advantages of both a University and community-based Mohs and dermatologic surgery practice in developing an effective model of care for skin cancer patients.
2. Integrate digital resources to optimize patient care (electronic medical record, Internet, medicine search, etc.).
3. Achieve logistical efficiency in scheduling and management of a surgical day.
4. Be aware of the financial impact of provided healthcare (costs of suture materials, instrumentation, procedures, visits, imaging studies). This includes the cost effective use of therapies.
5. Cost effective usage of consultations for multidisciplinary care.
6. Be able to organize public prevention efforts for skin cancer detection (i.e., skin cancer screenings).
7. Be an advocate for patient safety.
8. Medical, legal, and regulatory issues related to patient care.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions
5. Group Project

Assessment Methods:

1. Global assessment
2. Multisource assessment
3. Project Assessment

Expectations for the year: At the beginning of the year, the fellow will observe the attending provide care for patients with cutaneous neoplasms. As the fellow develops expertise he/she will perform the evaluation and management of skin cancer patients under the direct supervision of the attending. The fellow will then evaluate the patient and formulate the management plan before discussing the case with the attending. Once the fellow has become proficient, the fellow will perform the procedure more independently with the faculty member present for the key portion of the procedure. The faculty will always be immediately available on site.

☐ I have read and understand the goals and objectives for this rotation.

Signed _____ Date: _____
(Fellow)

Signed _____ Date: _____
(Faculty)

**MSKCC/WEILL CORNELL MICROGRAPHIC SURGERY AND DERMATOLOGIC ONCOLOGY
FELLOWSHIP**

Rotation Goals/Objectives:

Mohs/Cutaneous Surgery, Cutaneous Oncology and Cutaneous Cosmetic Surgery Rotation

Faculty: Dr. Kira Minkis, Dr. Marc Avram, Dr. Neil Sadick, Dr. Anthony Rossi

Location: Weill Cornell

Rotation: 2 days per week

Competency: Patient Care

Goal: *To provide care for skin cancer and cutaneous cosmetic patients that is caring, sensitive, and effective in optimizing patient education and outcomes*

Objectives:

1. The fellow should demonstrate patient care that is compassionate, respectful, and responsive and especially tailored to the unique needs of skin cancer and cosmetic patients.
2. Patient care should efficiently optimize patient education and outcomes.
3. The fellow should recognize the value of non-intervention and that of specialist referral in cancer care, and cutaneous cosmetic surgery.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance Feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Direct Observation
2. Global assessment
3. Multisource assessment
4. Review of case log
5. Patient Survey
6. Oral examination

Competency: Medical Knowledge

Goal: *The fellow will acquire knowledge in cutaneous oncology and dermatologic surgery and develop expertise in skin cancer management, including Mohs surgery and cutaneous reconstructive surgery. The fellow will acquire knowledge and develop experience in cutaneous cosmetic surgery.*

The fellow will acquire medical knowledge of:	Recommended proficiency interval
1. Anatomy, especially of the head and neck.	First ½ of year
2. Adjunctive tools of skin examination such as Woods lamp, dermoscopy.	First ½ of year
3. Understand the etiology, epidemiology, and prevention aspects of skin cancer.	First ½ of year
4. Accurate diagnosis and tumor management of common and rare cutaneous malignancies.	First ½ of year
5. Staging systems for skin cancer, their indications and limitations.	First ½ of year
6. Anesthesia techniques, including local, regional, nerve blocks, and anxiolytics.	First ½ of year
7. Pre-operative evaluation of the skin cancer patient and management of medical comorbidities in the context of surgical care.	First ½ of year
8. Postoperative care of skin cancer patients including the management of complications.	First ½ of year
9. Instrumentation, closure materials, sterilization, aseptic technique and appropriate antibiotic usage.	First ½ of year
10. Surgical and non-surgical therapies for skin cancer.	First ½ of year
11. Electrosurgery, cryosurgery, scalpel surgery.	First ½ of year
12. Wound healing modalities.	First ½ of year
13. Basic life support and advanced cardiac life support training.	First ½ of year
14. Recognition of low and high risk malignancies and indications for referral for management.	First ½ of year
15. Mohs micrographic surgery technique and its variations including its indications, contraindications, and limitations.	Second ½ of year
16. Dermatopathology and frozen section interpretation as it relates to skin cancer resection.	Second ½ of year
17. Reconstructive techniques for skin cancer defects.	Second ½ of year
18. Scar revision techniques, including Z-plasty, W-plasty, intralesional medications, dermabrasion.	Second ½ of year
19. Photodynamic therapy and its indications in treating malignant and pre-malignant skin lesions.	Second ½ of year
20. Knowledge of radiation oncology as it applies to skin cancer management (primary & adjuvant).	Second ½ of year
21. Knowledge of imaging modalities and their indications & limitations for evaluating skin cancer patients.	Second ½ of year
22. Organizing and developing a Mohs laboratory in compliance with CLIA, which includes a quality assurance	Second ½ of year

program	
23. Issues surrounding equipment purchase, such as science and efficacy, safety and liability, marketability, overhead and maintenance.	Second ½ of year
24. Laser physics and safety.	Second ½ of year
25. Indications and applications for various lasers	Second ½ of year
26. Wound healing following laser surgery, for different skin types.	Second ½ of year
27. Recognition of the low and high risk cosmetic patient and need for referral.	Second ½ of year
28. Indications, principles, preoperative evaluation and postoperative care of the tumescent liposuction patient including the management of complications.	Second ½ of year
29. Indications, principles, preoperative evaluation and postoperative care of the hair transplant patient including the management of complications.	Second ½ of year
30. Indications, principles, preoperative evaluation and postoperative care of the cosmetic laser patient including the management of complications	Second ½ of year
31. Indications and principles for venous disease management such as duplex ultrasonography, sclerotherapy, ambulatory phlebectomy and endovascular laser ablation.	Second ½ of year
32. Indications and principles of chemical peels, dermabrasion, rhinophyma correction.	Second ½ of year
33. Indications and principles of cosmetic procedures such as blepharoplasty, rhytidectomy, cutaneous soft tissue augmentation, chemodenervation, fat transplantation and skin resurfacing and tightening techniques.	Second ½ of year

The fellow will receive instruction in

Recommended proficiency interval

1. Small volume tumescent liposuction and fat transplantation.	Second ½ of year
2. Treatment of venous disease.	Second ½ of year
3. Hair transplantation	Second ½ of year

The fellow should develop advanced skills in

Recommended proficiency interval

1. Complete skin examination, lymph node examination, and targeted neurologic examination of the head and neck.	First ½ of year
2. Administration of local anesthesia, nerve blocks, anxiolysis.	First ½ of year
3. Mohs layer resection and mapping techniques.	First ½ of year
4. Suturing techniques.	First ½ of year
5. Non-laser superficial destruction of cutaneous lesions (curettage, cryotherapy, intralesional medications, chemical peels, dermabrasion).	First ½ of year

6. Mohs frozen sections and frozen section biopsy interpretations.	Second ½ of year
7. Reconstructive techniques (secondary intention healing, primary closures, complex closures, skin grafts, advancement flaps, rotation flaps, transposition flaps, cartilage grafting, wedge excisions of the lip and ear).	Second ½ of year
8. Nail Surgery	Second ½ of year
9. Laser ablation of cutaneous lesions (malignant and non-malignant).	Second ½ of year
10. Sclerotherapy	Second ½ of year
11. Chemodenervation and soft tissue augmentation	Second ½ of year

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Direct observation
2. Global assessment
3. In-house written examination
4. Review of case log
5. Oral examination

Competency: Practice-Based Learning and Improvement

Goal: *The fellow must evaluate and investigate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care. They must develop a career of life-long learning.*

Objectives:

1. The fellow should be able to organize, actively participate and present effectively in Journal clubs.
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3. The fellow will be involved in tumor board, multidisciplinary conferences, and relevant didactics.
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6. A complications log should be kept by the fellow and be reviewed with the faculty.
7. The fellow should be able to effectively lead and facilitate a team meeting.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions
5. Individual Project

Assessment Methods:

1. Global assessment
2. Multisource assessment
3. Oral examination
4. Project assessment

Competency: Interpersonal and Communication Skills

Goal: *The fellow should be able to communicate to patients, their families, and other health professionals in a clear, caring, and respectful manner.*

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10. Provide nursing education as part of process improvement.

Educational activities:

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4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Multisource assessment
2. Global assessment

Competency: Professionalism

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2. The fellow should be sensitive, respectful, and adapt appropriately to the social cultural issues of each patient.
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Educational activities:

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2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions

Assessment Methods:

1. Global assessment
2. Multisource assessment

Competency: Systems Based Practice

Goal: *The fellow should be cognizant of the healthcare system and the resources available for effective patient care, as well as cost-effective management of skin cancer and cutaneous cosmetic surgical patients.*

Objectives:

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2. Integrate digital resources to optimize patient care (electronic medical record, Internet, medicine search, etc.).
3. Achieve logistical efficiency in scheduling and management of a surgical day.
4. Be aware of the financial impact of provided healthcare (costs of suture materials, instrumentation, procedures, visits, imaging studies). This includes the cost effective use of therapies.
5. Cost effective usage of consultations for multidisciplinary care.
6. Be able to organize public prevention efforts for skin cancer detection (i.e., skin cancer screenings).
7. Be an advocate for patient safety.
8. Medical, legal, and regulatory issues related to patient care.

Educational activities:

1. Clinical Teaching
2. Direct Observation and Evaluation
3. Performance feedback
4. Departmental/Institutional Conferences, Lectures or Discussions
5. Group Project

Assessment Methods:

1. Global assessment
2. Multisource assessment
3. Project Assessment

Expectations

At the beginning of the year the fellows will observe the attending provide care for the skin cancer patient and the cutaneous cosmetic surgery patient. As the fellow develops expertise he/she will perform the evaluation and management of these patients under the direct supervision of the attending. The fellow will then evaluate the patient and formulate the management plan before discussing the case with the attending. Once the fellow has become proficient, the fellow will perform the procedure more independently with the faculty member present for the key portion of the procedure. The faculty member will always be immediately available on site.

☐ I have read and understand the goals and objectives for this rotation.

Signed _____ Date: _____
(Fellow)

Signed _____ Date: _____
(Faculty)

Fellow Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
<div>AM</div> <div>8:00-12:00</div>					Free	Free
	<u>Dermatology Grand Rounds</u> 8:00-10:00 AM <u>Dermatologic Surgery Didactic Sessions/Journal Club</u> Monthly Location: Cornell		<u>Tumor Board Conference</u> 8:00-9:00 AM Faculty: Dr. Busam Location: MSKCC	<u>MSCMP Tumor Board Conference Every</u> 9:00-10:00 AM Faculty: Dr. Nehal Location: MSKCC *every other Friday		
MSKCC 8:00 AM-12:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Nehal	MSKCC 10:00 AM-12:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Nehal	Weill Cornell 8:00 AM-12:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, Faculty: Dr. Minkis	MSKCC 9:00 AM-12:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Lee	Weill Cornell 8:00 AM-12:00 PM Procedures: Teaching resident excision clinic, fellow cosmetic procedures Faculty: Dr. Minkis/Rossi		
<div>Lunch</div> <div>12:00-1:00 PM</div>						
<div>PM</div> <div>1:00-6:00</div>				<u>Melanoma Disease Mgmt Conference</u> 1:00-2:00 PM Location: MSKCC		
MSKCC 1:00-6:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Nehal	MSKCC 1:00-6:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Nehal	Weill Cornell 1:00-6:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, <u>WCMC Multidisciplinary Cutaneous Oncology Group</u> Monthly Faculty: Dr. Minkis	MSKCC 1:00-6:00 PM Procedures: Mohs surgery, cutaneous reconstruction, excisions, consults, follow ups, PDL, PDT Faculty: Dr. Lee	Fellow Research/self study Or Weill Cornell 2:00-6:00 PM Procedures: Hair transplant, liposuction, cosmetic procedures (lasers, botulinum toxin, fillers) Faculty: Dr. Minkis /Avram/Sadick/Rossi		

Weekly Didactics

Patient-based learning during fellowship is augmented through a formal schedule of lectures, seminars and conferences. The fellow is expected to keep their own log of the seminars or conferences attended. Attendance and log sheets will be reviewed and discussed at the semi-annual review.

Didactic Session Type	Frequency
MSKCC Tumor Board Conference This is a multidisciplinary tumor board attended by dermatologists, dermatologic surgeons, biostatisticians, epidemiologists, dermatopathologists, radiation oncologists, medical oncologists, team of imaging optical engineers, fellows, residents, and medical students. Medical, surgical and dermatopathologic management of challenging cutaneous neoplasms are discussed including medicolegal issues, outcomes, and complications.	Weekly on Thursday Mornings at MSKCC (8:00-9:00am)
Melanoma Disease Management Team This is a multidisciplinary tumor board for melanoma attended by dermatologists, dermatopathologists, surgical oncologists, medical oncologists and researchers. Challenging/complex melanoma case management including medicolegal issues, outcomes and complications are discussed. Also the latest advances in melanoma research and formal lectures on related topics are presented.	Weekly on Fridays (except summer) at MSKCC (1:00-2:00pm)
Dermatology Research Conference Conference to discuss topics related to ongoing research in dermatology including study design, statistics, and protocol review. Attended by MSKCC dermatology faculty and fellows. This also includes a monthly journal club and administrative issues such as utilization review.	Weekly on Tuesdays at MSKCC (8:00-9:00am)
Weill Cornell Department of Dermatology Grand Grounds Formal lectures and invited speakers related to dermatology and procedural dermatology including basic science, cutaneous oncology, cutaneous reconstruction, laser surgery and cosmetic procedures are covered. In addition, challenging/complex patient case presentations are discussed including complications and outcomes. Attended by dermatology faculty at MSKCC and Weill Cornell, residents, fellows and medical students.	Weekly on Tuesday at Weill Cornell (8:00-10:00am)
Dermatologic Surgery Didactic Sessions This required conference is attended by the procedural dermatology faculty, residents and the micrographic surgery and dermatologic oncology fellow. This session covers all topics in procedural dermatology through formal lectures, pigs feet session and patient demonstrations.	Monthly on Tuesday at Weill Cornell (8:00-10:00am)
Micrographic Surgery and Dermatologic Oncology Fellowship Journal Club/ Frozen Slide Review/ Complications Review This required conference is attended by Dr. Kishwer Nehal, Dr. Erica Lee, Dr. Hillary Johnson-Jahangir, Dr. Klaus Busam, and the fellow. Relevant procedural dermatology journal articles are reviewed. Mohs frozen section slides are reviewed with Dr. Busam for challenging and complex cases, diagnostic dilemmas and as part of an ongoing Quality Assurance process. Complications related to dermatologic procedures	3 times a year at MSKCC 2 hour conference

Didactic Session Type	Frequency
are also discussed.	
Dermoscopy Course The educational objective of this activity is to communicate present understanding of the use of dermoscopy. The fellow will learn to recognize dermoscopic structures, their histologic correlates, and dermoscopic criteria that are essential in helping clinicians classify skin lesions as benign or malignant. Course director Ashfaq Marghoob, MD.	Annually in September at MSKCC
Dermatologic Surgery Journal Club This required conference is attended by the fellow and the dermatology residents. The fellow will supervise dermatology residents in critically reviewing current literature relating to Mohs surgery, dermatologic surgery, cutaneous oncology, cutaneous reconstruction and cutaneous cosmetic surgery.	Monthly on Tuesday at Weill Cornell (7:30am -8:00am)
WCMC Multidisciplinary Cutaneous Oncology Group Conference with physicians from multiple specialties (dermatology, dermatopathology, radiology, radiation oncology, medical oncology, surgical oncology, head and neck cancer/otolaryngology, ophthalmology/oculoplastic surgery, plastic and reconstructive surgery) for coordinated clinical patient care, research initiatives, and educational update.	Third Wednesday of every Month at 5pm at Weill Cornell 1305 York Ave, 5 th Floor (Room 505)
Multidisciplinary Skin Cancer Management Program This is a multidisciplinary tumor board that consists of dermatology, pathology, head and neck surgery, radiation oncology, medical oncology, ophthalmic oncology, surgical oncology and plastics. The meetings are dedicated to discussion diagnosis/management of complex and challenging skin cancer cases.	Every other Friday at Rockefeller Research Laboratories – MSKCC (9:00am – 10:00am)

Local and National Meetings **2015-2016**

Date	Conference
Selected Tuesday nights	NY Academy of Medicine, Section of Dermatology Fifth Avenue and 103 rd Street, New York, NY
Selected Thursday nights	Dermatologic Society of Greater NY, Lenox Hill Hospital, 77 th and Lexington, New York, NY
October 15-18, 2015 *Abstract submission deadline – Closed	American Society for Dermatologic Surgery (ASDS) annual meeting
March 4-8, 2016 – D.C. *Abstract submission deadline – accessible starting June 10, 2015 and closes on August 14, 2015 at 12 p.m.(CT).	American Academy of Dermatology (AAD) annual meeting
March 30 – April 3, 2016 – Boston, MA *Abstract submission deadline -TBD	American Society for Laser Medicine and Surgery (ASLMS) annual meeting
April 28 – May 1, 2016 - Orlando, FL *Abstract submission deadline – TBD	American College of Mohs Micrographic Surgery, (ACMS) annual meeting

Schedule of Grand Rounds and Conferences WCMC

Grand Rounds

NewYork-Presbyterian Hospital clinic, Room A-950, Tuesday 8:15 - 11 AM, led by rotating attending

- 8:15 - 9:00 AM: Patient viewing occurs in the outpatient clinic and on the inpatient wards
- 9:00 - 10:00 AM: Patient case presentations and discussion
Scheduled guest lecturers and annual resident presentations

Regularly Held Conferences

Morning Report

Room F-312, Monday and Friday 8 - 9 AM, led by Dr. Wildman (Monday) and Dr. Jorizzo (Friday).

- Includes lectures by Dr. Granstein, other guest lecturers, or medical students
- Includes inpatient rounds with Dr. Granstein where 2-3 patients are examined and then discussed, with an emphasis on differential diagnosis and treatment

Super Surgical Tuesday

NewYork-Presbyterian Hospital clinic, Room A-950, Tuesday 8 - 11 AM monthly, led by Dr. Minkis , Dr. Nehal, and Dr. Erica Lee

- Hands-on workshops teaching surgical principles and techniques

Textbook Review

Room F-312, Wednesday 7:45 - 8:45 AM, led by senior residents

- Comprehensive review of major dermatology textbook each year in PowerPoint format, board review questions and answers
- Presentations are reviewed by faculty mentors

Journal Club

Room A-126, Wednesday 3 - 4 PM, led by Dr. Myskowski

- Twice monthly review of entire issues of Journal of American Academy of Dermatology and Archives of Dermatology; each resident is responsible for critically reading and summarizing 2-4 articles and presenting them to the others for discussion

Dermatopathology

Starr Bldg, Room 10, Wednesday 4 - 5 PM, led by Drs. Magro and Busam

- Weekly review of chapters from Lever's Histopathology of the Skin at the multiheaded microscope using glass slides or photomicrographs to illustrate examples from the reading
- Lincoln Hospital residents review all biopsies done at Lincoln hospital each Friday 8-9AM with Dr. Dicostanzo

Clinical-pathologic Correlation

Starr Bldg, Room 10, Wednesday 5 - 6 PM twice monthly, led by Dr. Peters/ Dermatopathology fellows

- review of clinical photographs and histopathology slides of 10- 15 cases biopsied in New York-Presbyterian Hospital clinic; residents are asked to give both clinical and pathologic differential diagnoses before the diagnosis is revealed
- MSKCC residents attend CPC conferences at MSKCC 2nd floor twice a month, led by Dr. Halpern/ Dr. Busam

Attending Didactic Lectures

Room F-312 (Lasdon 7 Conference Room), Thursday 8 - 9 AM, Drs. Halpern, Salob, Deng, Avram, Leach

- Topics covered include but are not limited to:
 - basic science
 - pigmented lesions
 - genodermatoses
 - contact dermatitis
 - vascular lesions
 - paraneoplastic syndromes
 - vitamin D and the skin
 - epidemiology in dermatology
- Dr. Avram leads a surgical journal club which critically reviews 3 articles from Dermatologic Surgery, once a month

Melanoma Disease Management Team

Rockefeller Research Laboratories, MSKCC, Friday 1:30- 2:30 PM, led by Dr. Halpern

- Multidisciplinary tumor board that includes presentations of basic science research, clinical research, and discussions of patients presented for management options

MSKCC Resources

- **Libraries**

Location	Hours
<u>Virtual Library</u> library.mskcc.org	24/7
<u>Nathan Cummings Center, Main Location</u> Rockefeller Research Laboratories (RRL) Building, SR-101 430 East 67th Street New York, NY 10065 Phone: 1-212-639-7439 Fax: 1-646-422-2316 <i>Enter through the RRL lobby, turn left</i>	Monday - Friday 8:30 am - 7 pm Saturday & Sunday - Closed HOLIDAYS CLOSED New Year's, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas
<u>CyberLibrary Café</u> Zuckerman Research Center 410 East 69th Street New York, NY 10065 Phone: 1-212-639-7439 Fax: 1-646-422-2316 <i>Enter through the 69th Street lobby</i>	Monday - Thursday 8:00 am–5:30 pm Friday - 8:00 am–5:00 pm Saturday & Sunday - Closed HOLIDAYS CLOSED New Year's, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas

- With a valid MSKCC ID, users have access privileges and can borrow print materials from our neighboring medical libraries of the Hospital for Special Surgery and Rockefeller University

- **Electronic Resources**

- All MSKCC employees including fellows have a secure computer sign-on which allows access to multiple reference manuals and tutorials on employee computer workstations. The clinical reference manuals include items such as the hospital formulary, PDR/drug interactions, and laboratory reference guides. In addition, the fellow has access to tutorials on topics including HIPAA, patient safety, and infection control. The fellow can also complete research certifications online such as the modules on human subject protection and privacy in the research setting.
 - Location - MSKCC Intranet
- Formal dermatology photography database system allows access to 21,000 patients with 343,000 images and 1,200 full body photography patients. Photography database system correlating dermoscopy and clinical images of benign and malignant cutaneous lesions. The fellow can access images of non melanoma skin cancers, unusual tumor presentations, and high risk melanoma patients with full body photography for clinical and research purposes.
 - Access via secure dermagraphix ID Card
- Weekly MSKCC tumor board conference proceedings with clinical/pathologic correlation of complex cutaneous tumors
 - Location –X:\Dermopath_Conferences\Dermopath_2012

- **Other Resources**

- Dermatology specific conference rooms
 - Location – 16 E. 60th St, 4th Floor (Room 4317)
- Program director's PowerPoint files on all dermatologic surgery core curriculum topics with related textbook readings and journal club articles
 - Location – 16 E. 60th St, 3rd Floor (Room 3132 – Fellow room)
 - Volumes I, II, etc
- Dermoscopy course
 - Date/Time – TBD. Contact Dr. Marghoob's office for more information
- Mohs lab curriculum
 - Location – Please see Marie Tudisco or derm shared drive
- Textbooks on Mohs surgery in the Mohs lab including, the Manual of Frozen Section Processing for Mohs Micrographic Surgery published by the American College of Mohs Surgery.
 - Location - 16 E. 60th St, 3rd Floor (Room 3116)
- Over 7,000 Mohs frozen section cases located in the Mohs laboratory at MSKCC
 - Location - 16 E. 60th St, 3rd Floor (Room 3116)
- GME Travel Stipend – to be used towards travel to conferences
To use this money:
 1. Submit travel authorization form to GME 1 month in advance of the trip
 2. Save all receipts for registration, travel, hotel, etc and submit to program coordinator upon return from trip
 3. Complete travel reimbursement form and submit to GME

WCMC Resources

- **Libraries**

Location	Hours
Virtual Library library.med.cornell.edu	24/7
WCMC Samuel J. Wood Library 1300 York Avenue New York, NY 10065 Phone: 1-212-746-6055 infodesk@med.cornell.edu	Monday – Friday: 7 am – 12 am Saturday: 9 am – 8 pm Sunday: 12 pm – 12 am HOLIDAYS CLOSED New Year's, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas

- With a valid WCMC ID, users have access privileges and can borrow print materials from our neighboring medical libraries of the Hospital for Special Surgery and Rockefeller University

- **Electronic Resources**

- The Virtual library offers electronic access to current publications, textbooks, research databases, drug formularies, dictionaries, newspapers, and clinical tools such as interactive medication databases and medical calculators.
- All WCMC employees including fellows have a secure computer access for tutorials on topics including laser safety, HIPAA, patient safety, and infection control. The fellow can also complete research certifications online such as the modules on human subject protection and privacy in the research setting.
 - Location – infonet.nyp.org

- **Other Resources**

- Dermatology specific conference rooms
 - Location – 1305 York Ave, 9th floor (Room 904)
- Textbooks on Mohs surgery in the Mohs lab including, the Manual of Frozen Section Processing for Mohs Micrographic Surgery published by the American College of Mohs Surgery.
 - Location - 1305 York Ave, 9th floor (Room 944)

Suggested Reading

Books

Mohs

- Aasi SZ, Leffell DJ, Lazova RZ. Atlas of Practical Mohs Histopathology. New York: Springer, 2013.
- Morgan MB, Hamil JR. Atlas of Mohs and frozen section cutaneous pathology. New York: Springer, 2009
- Nouri K (ed). Mohs Micrographic Surgery. Spring 2012.
- Manual of Frozen Section Processing for Mohs Micrographic Surgery published by the American College of Mohs Surgery.

Cutaneous Reconstruction

- Rohrer T. Flaps and grafts in dermatologic surgery. Philadelphia, Pa.: Saunders/Elsevier, 2007
- Baker SR. Local Flaps in Facial Reconstruction. Mosby, 1995.

Cutaneous Oncology

- Rosen ST, Stockfleth E, Ulrich C. Skin Cancer after Organ Transplantation. Boston, MA: Springer US 2009.

Dermatologic Surgery

- Alam M (ed). Evidence-based Procedural Dermatology. Springer, 2012

Cutaneous Cosmetic Surgery

- Bologna J, Jorizzo, J, Schaffer, J. Dermatology. Saunders, 2012.
- Shiffman MA, Di Guiseppe A (ed). Liposuction: Principles and Practice. Springer 2006
- Goldman JJ, Bergan MP. Sclerotherapy: treatment of varicose and telangiectatic leg veins. Mosby 2001
- Avram MR, Rogers NE. Hair Transplantation. Cambridge University Press 2009

Dermoscopy

- Marghoob AA, Malvehy J, Braun R. An Atlas of Dermoscopy, Second Edition. CRC Press 2012

Confocal Microscopy

- Gareau DS, Patel YG, Rajadhyaksha M. Reflectance Confocal Microscopy of Cutaneous Tumors. Blackwell 2008

Other Reading

- AJCC. American Joint Committee on Cancer, Cancer Staging Manual, 7th Edition. Springer, New York, 2010.
 - Melanoma Chapter
 - Squamous cell carcinoma chapter
 - Merkel Cell Chapter
- NCCN. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology
 - Merkel Cell - <http://www.merkelcell.org/usefulInfo/documents/NccnMcc2012.pdf>
 - DFSP - <http://www.ccchina.net/UserFiles/2009-4/20/20094200547384.pdf>
 - Melanoma - http://www.mmmp.org/mmmpFile/image/conv%20ther/NCCN%20guidelines_Melanoma.pdf
 - Non Melanoma - <http://www.ccchina.net/UserFiles/2009-4/20/20094200630565.pdf>
- Farasat S, Yu SS, Neel VA, Nehal KS, Lardaro T, Mihm MC, Byrd DR, Balch CM, Califano JA, Chuang AY, Sharfman WH, Shah JP, Nghiem P, Otley CC, Tufaro AP, Johnson TM, Sober AJ, Liégeois NJ. A new American Joint Committee on Cancer staging system for cutaneous squamous cell carcinoma: creation and rationale for inclusion of tumor (T) characteristics. J Am Acad Dermatol. 2011 Jun;64(6):1051-9.
- Dermatologic surgery core curriculum and related lectures on MDlive at <http://www.mdlive.net/>

American College of Mohs Surgery (ACMS) Training Program Requirements

The key components of a one-year training program include:

- One calendar year of training in the office/facility of the Program Director where the majority of time is spent training.
- Participation in 500 cases under direct supervision of an approved Program Director, Associate Director or Surgical Faculty member.
- Of the 500 cases, at least 300 of these must be under direct supervision of the Director or Associate Director.
- Of the 500 cases, the fellow must complete 125 of these cases serving as primary surgeon under the direct supervision of the Director or Associate Director.
- Of the 500 cases, 50 must be advanced reconstruction cases* and 50 must be complex Mohs surgery cases**.
- Didactic and clinical instruction in all areas of the Core Curriculum.

Formal training in anatomy is essential in all of the Programs. This shall be sufficient so that each trainee, upon finishing training shall be competent and comfortable in the most difficult anatomical sites.

He/she must be trained in skin pathology and must be intimately involved in reviewing all pathology from the surgical cases done in the micrographic surgery Fellowship Training Program.

The fellow must participate in the medical and surgical evaluation and treatment planning in all micrographic surgery cases. He/she must learn to do horizontal frozen sections in the micrographic surgical laboratory and be able to stain the slides appropriately.

The fellow must be trained in the principles of both fixed and fresh tissue micrographic surgical techniques.

As an integral part of the micrographic surgical training Program, there shall be instruction in plastic surgery, wound healing, surgical anatomy, cutaneous oncology, cutaneous pathology, and basic and advanced cardiopulmonary resuscitation.

All graduates from an approved training Program must have passed and received a certificate from an advanced cardiac life support course.

All fellows must, under the supervision of and with the assistance of their Directors, pursue original research in the area of Cutaneous Oncology, Mohs Micrographic Surgery or related during their training.

Each fellowship trainee must submit a full case log documenting his/her training experience (consult ACMS/SISRB for the approved case log format) and a scientific article for publication in a peer-reviewed medical journal in order to fulfill the requirements of completing the fellowship and therefore eligibility for Associate membership in the ACMS.

***Definition of Advanced Reconstruction Case**

1. Random pattern flap repair. Examples of advancement, rotation and transposition flaps must be included. Axial pattern and/or pedicle flaps may be included.
2. Grafts, including full and split thickness grafts.
3. Repairs at difficult anatomic sites, e.g., eyelids, lips, intraoral.
4. Repair of defects greater than 10 sq. cm.
5. Wound healing by second intention.

****Definition of Complex Case**

1. Histologically aggressive tumors.
2. Large tumors, covering at least an entire cosmetic unit, or scalp tumors of greater than 5 cm in diameter.
3. Tumors arising at a difficult anatomic site, e.g., external auditory canal, perianal, intranasal, nailbed, medial canthus.
4. Complex histopathologic interpretation. (Include cases other than BCC and SCC.)
5. Tumors involving bone.
6. Tumors requiring more than four stages.
7. Multiple recurrent tumors or tumor recurrence after prior radiation therapy.
8. Surgeries requiring expertise/involvement of surgical colleague in another discipline.
9. Patient with extremely complex medical problems requiring special intraoperative management.

These requirements can be found online at:

<http://www.mohscollege.org/sisrb/FTPoliciesProceduresGuidelines.pdf>

Accreditation Council for Graduate Medical Education (ACGME) Competencies

IV.A.2.a)

Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.2.a).(1)

must demonstrate proficiency in decisions regarding patient treatment, including instances in which the patient should be referred to a different specialty or individual;

IV.A.2.a).(2)

must demonstrate proficiency in performing procedures and must:

IV.A.2.a).(2).(a)

be competent in skin neoplasm destruction techniques, excision, and Mohs micrographic surgery;

IV.A.2.a).(2).(b)

be competent in cutaneous reconstructive surgery, including random pattern and axial flap repair, grafting techniques, and staged reconstructive techniques; and

IV.A.2.a).(2).(c)

perform at least 400 surgical cases of which at least 200 are Mohs micrographic surgery procedures.

IV.A.2.a).(3)

must demonstrate advanced evaluation and management skills for all cutaneous surgical patients regardless of diagnosis, including preoperative, perioperative, and postoperative evaluation;

IV.A.2.a).(4)

must demonstrate proficiency in the early identification of benign premalignant and malignant skin lesions through unaided and aided visual morphologic recognition; and

IV.A.2.a).(5)

must maintain certification in advanced cardiac life support (ACLS).

IV.A.2.b)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social- behavioral sciences, as well as the application of this knowledge to patient care. Fellows:

IV.A.2.b).(1)

must demonstrate knowledge of related disciplines including surgical anatomy, sterilization of equipment, aseptic technique, anesthesia, closure materials, and instrumentation; and

IV.A.2.b).(2)

must demonstrate in-depth knowledge of clinical diagnosis, biology, and pathology of skin tumors, as well as laboratory interpretation related to diagnosis and surgical treatment.

IV.A.2.c)

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

- IV.A.2.c).(1) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- IV.A.2.c).(2) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.2.d) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- IV.A.2.e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- IV.A.2.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

These requirements can be found online at:

http://www.acgme.org/acWebsite/downloads/RRC_progReq/081_procedural_derm_07012010_1-YR_m08172011.pdf

Case Logs

The ACMS Case Log can be found online at: <http://www.mohscollege.org/sisrb/Caselog.pdf>

The ACGME Case Log can be found online at:

http://www.acgme.org/residentdatacollection/documentation/Manuals/Case_Entry_081.pdf



MEMORIAL SLOAN-KETTERING CANCER CENTER

PROGRAM POLICIES AND PROCEDURES FOR FELLOWS' DUTY HOURS AND WORK ENVIRONMENT

Trainee work hours are subject to frequent close monitoring to ensure program directors are adequately overseeing the daily work load of their residents such that excessive hours and demands do not interfere with the provision of safe care and trainees' educational needs. Work hours monitoring is done through the following mechanisms: internal audits conducted by both the GMEC (annually) and individual programs (as needed); annual surprise audits by New York State/IPRO, ACGME Resident Surveys, annual program reviews, and the internal program reviews.

The fellows' work environment is monitored through regular meetings with program faculty, the Residents and Fellows Forum meetings (held every 3 to 4 months), the annual program review process, and during the internal review process.

The program observes the Hospital policy covering trainee work hours, stated in the Graduate Staff Handbook:

WORK HOURS POLICY

New York State Hospital Code 405.4(b)(6) regulates the average number of hours a house officer, with inpatient care responsibilities, is allowed to engage in training activities. A copy of the relevant section of the Hospital Code is available through the GME Office. Separately, MSKCC observes the ACGME requirements for duty hours for all trainees in ACGME accredited training programs.

There is a limit of 80 hours for the scheduled workweek of residents averaged over a four-week period, inclusive of all in-house call, clinic assignments and moonlighting activities. Call from home for surgical residents is not included in the 80-hour limit when evidence of adequate rest time is available and the number of interruptions is infrequent.

Assigned work periods shall not exceed 24 consecutive hours for residents PGY2 and above; assigned work periods shall not exceed 16 hours for interns. The on-call duty of surgical residents in hospitals may not exceed 28 hours with evidence that rest time is adequate and interruptions infrequent. Non-working periods following scheduled on-duty or on-call periods and one 24-hour period of scheduled non-working time per week must be provided. House officers must have at least eight hours for time off or rest scheduled between duty periods. All trainees in ACGME-accredited training programs must have at least 14 hours free after 24 hours of in-house duty.

Internal "moonlighting" or dual employment within Memorial Hospital by residents outside the scope of their training program and for which they are separately compensated, must be pre-approved and continuously monitored by the clinical department and any such hours worked must be considered as part of the working hour limitations.

MSKCC conducts regular internal audits of resident work hours to monitor compliance with New York State and ACGME regulations. The ACGME also monitors work hours during site visits.

POLICY FOR SUPERVISION OF FELLOWS

Regulation 520A of the Hospital's Rules and Regulations of the Medical Staff includes a statement of the Hospital Policy for supervision of fellows. The portion of the regulation pertaining to effective patient care, supervision and progressive responsibility is stated below.

- The Program Director and Department Chairperson provide guidance and supervision to facilitate the professional and personal development of the House Officer while ensuring safe and appropriate care for patients. (patient care, supervision)
- All patient care (evaluations and treatment decisions) provided by House Officers is supervised by the supervising Attending. (supervision)
- Histories and physical examinations (H&P) written by House Officers must be reviewed and countersigned by the attending practitioner when relying solely upon the H&P performed by the House Officer. (supervision)
- Patient care orders: House Officers are permitted to write patient care orders based on their designated post graduate status. The Program Director and/or Service Chief and Department Chair review and approve the Clinical Delineation of Privileges prior to the appointment of Graduate Staff. Patient care orders may only be written by a House Officer after his/her Clinical Delineation of Privileges form is so reviewed and approved, and must follow Service/Department-specific requirements for countersignature by a supervising licensed independent practitioner. (supervision)
- A House Officer assumes progressively greater responsibility throughout the course of a postgraduate training program, consistent with individual growth in clinical experience, knowledge and skill. (graded responsibility)

MOONLIGHTING POLICY

MOONLIGHTING

The micrographic surgery and dermatologic oncology fellowship **prohibits** external moonlighting. The program has a short training period and the goal is on fulfilling all program requirements.

SATISFACTORY COMPLETION OF TRAINING PROGRAMS

The Micrographic Surgery and Dermatologic Oncology Fellowship is a 52 week program with 4 weeks allotted for vacation. If the fellow takes a leave of absence for more than 4 weeks (this will include their vacation), the program director and faculty will determine if the fellow is eligible for successful completion of the fellowship.

Questions regarding this policy should be addressed to the Fellowship Program Director.

SICK LEAVE

1. Sick leave is provided when an employee becomes ill or is injured and, as a result, is unable to work. If you become ill or are injured and cannot report to work, you must notify your Program Director immediately.
2. Employees who have been absent due to illness or injury for 10 or more days are required to obtain clearance to return to work by Employee Health Services unless otherwise directed by their Training Program Director.
3. If leave time causes a trainee's time in a program to fall short of the program requirement, the Program Director may respond as outlined under Satisfactory Completion of Program Requirements, above.
4. In situations of documented disability, salary continuance will be maintained for a maximum of eight weeks or until the conclusion of the appointment, whichever is less.
5. Following eight weeks of absence due to illness or injury, if the fellow is still unable to return to work, he or she will be eligible to apply for New York State short-term disability or Workers' Compensation if disability is work related. In order to file a disability claim, the resident must notify the Benefits Office of their absence. A disability claim form must be filed 8 days prior to the end of the 8-week disability period. Staff remaining in housing will be required to maintain rent payments.
6. Following six months of disability, the fellow may be eligible to receive long-term disability benefits, if elected through the Flex Benefits Program.

LEAVE COVERAGE POLICY

We recognize that during a fellowship, events that cause fellows to be absent from the training program, such as sick/disability leave, maternity leave, paternity leave and family or personal leave, will occur. Fellows are allotted 4 weeks of vacation during the year.

1. There is no single response to a complex issue. Accordingly, all leave requests will be addressed on a case-by-case basis. However, in anticipation of such requests, the following principles have been established:

a. Requests regarding potential leave should be made to the Program Director, the fellowship program director and department chair as early as possible.

b. Specifically regarding maternity and paternity leave-time:

i. Maternity and paternity leave is to be anticipated during the fellowship. As the JAAD position paper states:

The decision to have a child during residency is usually one that has been considered carefully by those concerned. Male fellows may also have family responsibilities requiring leave. An understanding and supportive milieu in the training program should be developed to allow trainees to complete their education in the most optimal manner despite planned or unforeseen changes in family circumstance.

ii. In cases of fellow maternity leave, up to 10 successive compensated weeks are allowed. This includes six weeks of short-term disability leave and four weeks of vacation time. If four weeks of vacation time are used for maternity leave, no vacation time will remain for the leave-taking fellow during the same academic year. In the unusual case when maternity leave requires more than 10 weeks, it may be possible to make such arrangements with the consent of the Program Director and Department Chair.

iii. In cases of fellow paternity leave, or of fellows who adopt a child, up to four weeks of successive compensated vacation time are allowed. No further vacation time will remain during the same academic year.

2. The FMLA provides for up to 12 weeks per year of uncompensated family or personal leave for fellows who have been employed by the department for one or more years. However, use of such time will require extension of the fellowship.

GRIEVANCE POLICY

If fellows have concerns about compliance or other potentially sensitive issues, there are many avenues within the Hospital where these concerns can be reported. When confidentiality is not an issue, trainees are encouraged to discuss concerns with any of the following: their training program director; the GME Office; or the Chair of the GME Committee, Dr. Mary Jane Massie. For confidential reporting, trainees can report their concerns to either the Compliance Office or Compliance Hotline: 1 866-568-5421. The MSKCC Compliance Hotline is available 24 hours a day, every day of the year. It is managed by an outside company that specializes in hotline services. All calls are confidential and callers are not required to identify themselves. MSKCC has policies that protect callers' confidentiality and that protect against retaliation by another staff member. Trainees in ACGME-accredited programs can also confidentially report concerns or complaints about their education or learning environment to the ACGME. Instructions can be found under Residency Services on the ACGME website.

Fellows also have the option of reporting concerns or complaints at the Residents and Fellows Forum at MSKCC. All full time (and rotating) residents and fellows are encouraged to attend these recurrent meetings with other trainees to discuss topics relevant to their educational and work environment and other trainee issues. These meetings are overseen by the Chief Residents and Fellows and resident members of the Graduate Medical Education Committee. Members of the Hospital's Administration may attend by invitation only.

There is also a due process for graduate staff grievances:

A Member of the Graduate Staff, (House Staff Officer) referred to in this section as a "Trainee," at Memorial Hospital for Cancer and Allied Diseases, may be an Intern, a Resident or Fellow. Memorial Hospital ("Hospital") may (a) suspend a Trainee's postgraduate medical education and training at the Hospital for a specified or indeterminate period, or (b) terminate a Trainee's postgraduate medical education and training before the Trainee's current term ends, or (c) decline to certify that a Trainee has completed satisfactorily his or her postgraduate medical education and training at the Hospital. These actions may be undertaken if the Trainee:

(i) fails to acquire at least the same professional knowledge and skill that Trainees at the Hospital are expected to acquire at the same level of postgraduate medical education and training, or (ii) fails to carry out satisfactorily his or her professional responsibilities, or (iii) fails to comply with expected standards of personal or professional conduct, or iv) by virtue of his or her actions or threatened actions, presents an unacceptable danger to patients, colleagues or to the institution, or (v) violates any Center-wide policies or procedures.

1. In the event of a disciplinary action defined above, the Department Chairman will give written Notice ("Notice") to the Trainee as soon as practicable.

2. If the Trainee disagrees with the Department Chairman, the Trainee may, within ten (10) business days after receiving the Notice, deliver a grievance in writing to the Department Chairman stating in detail why the Trainee disagrees with the disciplinary action ("Grievance").

3. Promptly upon receipt of the Grievance, the Department Chairman will request that the Chairman of the Graduate Medical Education Committee ("GMEC") appoint a Review Committee to consider and make recommendations concerning the Grievance.

4. The Chairman of the GMEC (or in the event that the Chairman of the GMEC has a directly conflicting interest in the case, the Vice-Chair of the MEC) will appoint the Review Committee to consist of the following:

- One member of the Department's attending staff, and

- The Chief Resident or Fellow of the Training Program. In the event the grievant is the Chief Resident or Fellow, or no Chief is assigned, an appropriate Trainee will be designated by the Training Program Director, and

- A Training Program Director from another clinical department. This person will serve as the Review Committee's presiding officer ("Review Committee Director").

5. The Trainee will be informed in writing of the membership of the Review Committee, and that the Notice and the Grievance has been delivered to the Review Committee Director. The Review Committee Director will provide the other members of the Review Committee with the Notice and the Grievance.

6. The Review Committee Director will promptly convene a meeting of the Review Committee inviting the Trainee's Department Chairman, the Trainee's Training Program Director, and the Trainee to attend. The meeting will be closed to everyone except the previously mentioned individuals. The Trainee and/or the Trainee's Training Program Director or Department Chairman may request that specific member(s) of the Hospital's attending staff and training staff or other Hospital employee(s) attend the meeting to deliver testimony to aid the Review Committee in resolving the Grievance. The Review Committee may exercise its discretion in determining whether to honor such request(s) and may determine to call other or additional persons to give evidence. In addition to the Grievance, the Trainee, the Training Program Director and the Department Chairman may present an additional written statement to the Review Committee. One or more member(s) of the Hospital Administration may be present to assist with the proceedings. Legal counsel will not be permitted at the meeting. All in attendance at the meeting may take notes of the meeting, but no tape or video record or transcription may be made at the meeting.

7. The Review Committee will consider the views of the involved parties and any facts properly presented to the Review Committee. The Review Committee will present a written Finding regarding how to resolve the Grievance ("Finding") and deliver a copy of the Finding to the Trainee, the Chairman of the GMEC and the Department Chairman. The separate views of any member of the Review Committee may also be stated in writing, and appended to the Finding.

8. If either the Trainee or the Department Chairman disagrees with the Finding, he or she may appeal to the Physician-in-Chief by written notice delivered to the Physician-in-Chief within five (5) business days of receipt of the Finding.

9. The Physician-in-Chief will review the Notice, the Grievance and any other written material the Trainee submitted to the Review Committee, all other documents submitted to the Review Committee, the Finding, and any separate views

of the Review Committee members.

10. The Physician-in-Chief will meet with the Trainee, the Department Chairman and the Review Committee Director. Thereafter, within ten (10) business days, he will render a decision ("Decision") with respect to the Grievance and will notify the Trainee, the Department Chairman, and Chairman of the GMEC in writing of the Decision. The Decision will be delivered by hand to the Trainee or sent via overnight delivery.

11. The Decision of the Physician-in-Chief shall be final and binding on all parties. Immediately upon Notice of a disciplinary action of suspension or termination, the Trainee is required to return his or her Memorial Hospital Employee Identification Badge, office keys, pager and all other Memorial property to his or her Training Program Director. In the event the suspension is lifted, or the termination is reversed and the Trainee is cleared to return to the Training Program, the items noted above will be returned to the Trainee. The Trainee may continue to occupy Hospital housing during the Grievance procedure with the understanding s/he will be responsible for rent up until the date the apartment is vacated, as per the terms of the Housing License. In the event the final Decision is termination from a training position at Memorial Hospital, the Trainee must vacate Memorial Housing within five (5) days of the final decision date.

Confidential Feedback

Use the link below to anonymously and confidentially report any problems or concerns that you have. Comments submitted will be e-mailed directly to the Graduate Medical Education office. If you choose to identify yourself or your training program in the comments, the information will be handled with discretion.
<http://mskweb5.mskcc.org/intranet/html/105079.cfm>

All of these policies and more can be found in the Graduate Staff Handbook at:

<http://mskweb5.mskcc.org/intranet/shared/Graduate%20Medical%20Education/GSH-2011-12-from-interior-6-2.pdf>

Mohs Surgery Lab Curriculum

I. Technical Component of Mohs tissue processing

All procedures and protocols can be viewed in the procedure manual.

1. Discussion of Tissue Transport Methods from OR suite to Laboratory
2. Placement of Tissue on Paper towel
 - a) For proper orientation
 - b) 12 o'clock score marked with gentian violet to also facilitate orientation
3. Grossing of tissue to include:
 - a) Mapping and dividing of specimen to correlate with map
 - b) Use of marking dyes.
 - c) Color coding of map/tissue (Blue & Red)
4. Accession and entry of all pertinent information in Laboratory Logs
5. Demonstration of relaxing of tissue when necessary to ensure complete epithelium and deep margins.
6. Methods of Embedding:
 - a) Direct-tissue allowed to freeze and inverted onto prepared specimen holder
 - i. or chuck.
 - b) Indirect- using glass slide
7. All parts of cryostat mechanism discussed:
 - a) Angles
 - b) Blades, types, and insertion into knife holder
 - c) Micron settings
 - d) Optimum cutting temperature for all cutaneous anatomical sites
 - e) Maintenance of cryostat
 - f) Use of brushes and anti roll place
8. Cutting techniques to handle all tissue variables such as:
 - a) Fat
 - b) Cartilage
 - c) Delicate tissue such as very small samples and inner cantus
 - d) Biopsies
 - e) Large sections such as DFSP
 - f) Full thickness/wedge excisions of eyelid, ear, lip
9. Retrieval of tissue and placement on slide
10. Staining Techniques
 - a) Manual or Hand Staining
 - b) Automatic staining
 - c) Discuss staining steps and scientific explanation for each step of most commonly used Mohs stains (H & E and T. Blue)

11. Changing and rotation schedules for stains and frequent changes
12. Cover slipping to ensure slide is free of smudges and air bubbles
13. Pre-screening of slide to ensure all margins are visible.
14. Discussion of parts of microscope and microscope maintenance.

II. Mohs Frozen Section Troubleshooting

Floater

Missing epidermis

Specimen too thick

Holes in specimen

Staining problems

III. Mohs lab Compliance

JACHO

NYSDOH

Safety – see manuals for emergency, chemical spills, and evacuation policies

MSDS – see manuals

Waste disposal

Infection control

Mohs lab documentation

Quality control slide

Proficiency Testing

- Review of slides by dermatopathologist

- Mohs slide review at annual Mohs meeting

Equipment maintenance records

Staining logs

Eyewash station

Quality assurance

Performance improvement

IV. Mohs lab personnel

- Job description/requirements

- Training

- Evaluations

- Ongoing CME

- Annual lab safety meetings and hospital compliance

- Staffing plan

V. Mohs lab set up

- Layout

- Equipment

- Space requirements

- CLIA or state lab certificate

- Lab director certificate if NYS

- Billing

VI. Ergonomics

Preventing injury and repetitive motions injuries

Review of ergonomics

VII. Review unusual Mohs frozen sections

Mohs Laboratory Technician Signature

Date

Fellow Signature

Date

Fellow Name: _____

MOHS ORIENTATION CHECKLIST

<u>TASK</u>	<u>DATE COMPLETED/INITIALS</u>
Review/Sign Rotation Goals and Objectives	_____
Introduction to Mohs Staff	_____
Mohs Surgery Rooms	_____
Supplies/equipment	
Red bag disposal	
Dermatologic Surgery Procedures	_____
Site/Patient verification/Consent	
All Forms (procedure/Mohs)	
Anesthesia protocol (RN in room)	
Procedure set up (clean vs. Sterile)	
Lasers	_____
Instruction/Safety	
Forms	
Photography	_____
Taking pictures/Dermagraphix	
Electronic Medical Record	_____
Instruction/ID	
Creating patient lists	
Dictating	
Medication orders	
ClinDoc	
Telepathology	_____
Instruction	
Billing	_____
Mohs Lab	_____
General Orientation	
Proximity Card	
Telepathology	
Microscope Camera	
Emergency Procedures	_____
Fire exit location/Evacuation plan	
Crash cart location	
Emergency call bells	
Injury/event	_____
Event reporting	

EVALUATIONS

SEMIANNUAL EVALUATIONS

The semiannual evaluation of the fellow occurs in January and June and is documented on the semiannual fellow evaluation form. This is a formal meeting between the program director and the fellow to review the following:

- The fellow will be rated in competencies including patient care, medical knowledge, practice-based learning and improvement, interpersonal/communication skills, systems-based practice, and professionalism. The fellow's performance in each category is ranked using a number scale ranging from above expectations (5) to below expectations (1). The evaluations from patients, nursing staff, and non-medical support staff are also reviewed. In addition, assessment of individual procedural dermatology skills is reviewed with the fellow.
- The program director reviews with the fellow plans to attend/present at local and national meetings relevant to procedural dermatology and/or status of one or more manuscript preparations for submission to a peer-reviewed publication.
- The program director reviews with the fellow the operative log to ensure that the fellow is performing the appropriate number of procedures with an appropriate mix of Mohs procedures as the primary surgeon. In addition, the program director will confirm that the fellow has been certified in ACLS.
- Stress level and fellow duty violations will be assessed and documented. Fellow grievances and suggestions for improvement will be reviewed.
- Based on this cumulative review with the fellow, the program director documents fellow performance on the semiannual evaluation. When performance standards are not met (below average and unsatisfactory), a corrective action plan is designed with the fellow and the faculty.
- The fellow is asked to formally acknowledge in writing that a performance evaluation has taken place and that they have been informed of the contents of the evaluations.

SUMMATIVE EVALUATIONS

- At the end of the fellowship year, the fellow will again meet with the program director for a final/summative evaluation and completion of the American Board of Dermatology evaluation form and ACGME case log report.

FACULTY EVALUATIONS

- Annually, the fellow will complete an evaluation of the program faculty. The faculty will be scored on availability, teaching, professionalism and humanistic patient care, fund of knowledge/continuing scholarship and research
- The fellow has the option of providing written comments on the faculty as well. The faculty evaluations will be included with other evaluations of faculty from dermatology residents and discussed at the monthly Weill Cornell Department

of Dermatology residency review meetings in an effort to protect anonymity.

- Feedback is provided to the teaching faculty annually at the end of the year. The feedback is given to each faculty member as a written summary of the scores and comments.

PROGRAM EVALUATION

An annual program review process occurs in June at the end of each academic year . All faculty and the fellow complete a program assessment form. The results are consolidated and then discussed at a formal program review meeting. The quality of the educational experience is re-evaluated at this time, including curriculum, teaching, case material, research activities. Placement success and board pass rates are considered. Special attention is given to program strengths and weaknesses in an ongoing effort to provide a comprehensive and effective educational experience for all fellows. A written improvement plan is then created.

Assessment Tools

To ensure the fellow is being evaluated in a comprehensive and objective manner, the program will use the following assessment tools:

Directly Supervised Procedures:

During supervised clinical activities with the attending faculty, the fellow will receive informal feedback during performance of procedures and evaluation and management of patients.

Attending Evaluation:

The overall performance of the fellow including progress demonstrated during the rotation will be documented by the faculty on an evaluation form every six months. Both the rotation-specific goals and objectives and the evaluation forms (distributed to both faculty and fellow in advance of each rotation) are organized around all six competencies to ensure comprehensive assessment in all competencies.

Program Director Review:

The program director reviews with the fellow the faculty evaluations during the semiannual evaluation. The semiannual evaluation is structured around the competencies to provide comprehensive feedback in all areas of performance. This is also an opportunity to discuss ways to increase knowledge base and improve competency based skills.

Multisource 360 Assessment:

Every six months, several different administrative and medical support staff will complete evaluations of the fellow to obtain a more complete prospective on fellow performance. The evaluator can rate and comment on fellow interactions with patients with respect to communication skills, compassion, sensitivity to cultural and gender issues, and teamwork. This anonymous evaluation will be reviewed with the fellow during the semiannual meeting with the program director. These forms specifically reference competencies which are relevant to the particular evaluator's interactions with the fellow.

Portfolio:

The fellow will compile a portfolio during the fellowship which includes procedural logs, conferences attended, presentations given, and research projects/manuscripts. This will be reviewed with the program director to assess whether the fellow is meeting overall educational goals. Review of the operative experience record assesses that the fellow is performing the required number of surgical cases including the correct mix of Mohs and complex cases.

Written Test:

A written test will be administered to the fellow at the beginning of the year as a pretest assessment tool and then re-administered at the end of the year. This test was developed by Mohs/procedural dermatology fellowship directors and distributed by the Dermatologic Surgery section of the Association of Professors of Dermatology. With this tool, the program director can identify deficiencies and work with the fellow to develop a methodical plan for improvement.

Faculty Meetings:

The Program Director will plan faculty development sessions each year to review the program requirements and curriculum, performance criteria and evaluation tools. This ensures that all faculty have a sound understanding of all programmatic expectations including timely completion of all evaluations. The GMEC also conducts periodic training for program directors on topics such as Effective Evaluations of trainees. The program director will communicate knowledge or approaches gained from such events to other

faculty. In addition, the core Mohs faculty belong to the Dermatologic Surgery Section of the Association of Professors of Dermatology and frequently attend the annual meeting focusing on curriculum development, assessment tools, and faculty professional growth.

Fellow Portfolio

Fellows are expected to keep a portfolio of documents to record evidence of learning and achievement. The fellow portfolio should contain the elements listed below. The portfolio will be reviewed at the twice annual meeting with the Program Director.

Curriculum Vitae

Case Logs/ Complication Log

Teaching

Fellowship Conference Attendance

Local and National Meeting Attendance

Presentations

Research

Manuscripts

Service

Quality Improvement and Safety Projects