

**DERMATOPATHOLOGY: Rotation director: Vladimir Vincek, M.D., Ph.D.
Rotation co-director: Frederick Glavin, M.D.**

1. Description of the Dermatopathology Rotation: Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues by histological, histochemical, immunological, ultrastructure, molecular, microbiological and other related techniques. Residents are expected to become familiar with histopathological features and clinical presentation of most common skin disorders that should be sign-out by general pathologists. They are also expected to develop knowledge how to select and treat unusual cases that require dermatopathology consults. Senior residents are encouraged to attend QA meetings and participate in some managerial decisions in the management of the Surgical Pathology Lab. The UF-Diagnostic Referral Laboratory (UFDRL) is a referral lab and frequently receives rare and interesting cutaneous neoplasms. Residents are encouraged to do a review of literature about these cases and discuss them with the attending dermatopathologist as well as with the dermatology resident who is present during the sign-out, when appropriate ethical, socioeconomic, medico legal, and cost containment issues are addressed. Research design, statistics and critical review of the literature are also discussed. By use of the literature, Medline, and textbooks, the resident is trained to become a lifelong learner.

2. Goals of Dermatopathology Rotation:

- Train residents to be adept in the histologic diagnosis of inflammatory, neoplastic and metabolic disorders of the skin.
- Teach residents when and how to use dermatopathology consult service
- Teach residents how to set up and operate a dermatopathology lab.
- Assist residents in commencing and participating in the dermatopathology research projects
- Train residents in the use of special techniques for dermatopathology
- Train residents to be adept in patient care through dermatopathology with emphasis on the six competencies adopted by the ACGME, including: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and system-based practice.

3. Duration of Rotation: 4 weeks.

4. Duties and Responsibilities of Residents:

Residents will join the regular sign-out everyday and participate in the interpretation of special studies performed, including special stains, immunohistochemistry and immunofluorescence. Junior residents (PGY1 and PGY2) will sign-out with the attending physician with the goal of learning the fundamentals of dermatopathology. They will read about histopathological presentation of cutaneous disorders that are part of Core Curriculum from several standard dermatopathology textbook available in the division library. More senior residents (PGY3-4) assume graduated responsibilities in describing and diagnosing cases first before signing out with the attending physician. They are expected to read about disorders that are part of Core Curriculum from clinical dermatology books as well as from dermatopathology textbooks so that they can develop sufficient knowledge to provide clinicopathological correlation of most common cutaneous disorders.

5. Teaching Staff: Vladimir Vincek M.D., Ph.D., Frederick Glavin M.D.

6. A) Resident Supervision: Reports are generated in concert with the attending faculty and signed out by the attending faculty. Calls are discussed and reviewed.

B) Resident Evaluation: Written monthly Clinical Performance Rating and 360 Global Rating Evaluation complemented where appropriate by face-to-face review of the resident's performance.

7. Dermatopathology Core Curriculum:

Expectation of residents after 2 months Dermatopathology rotation: Residents should be able to recognize typical histology and know the clinical presentation of the following lesions:

Inflammatory lesions:

1. Psoriasis vulgaris
2. Urticaria
3. Lichen simplex chronicus/prurigo nodularis
4. Lichen sclerosus
5. Spongiotic dermatitis group
6. Lichen planus
7. Pityriasis rosea
8. Pityriasis lichenoides
9. Pigmented purpura
10. Pityriasis rubra pilaris
11. Mycosis fungoides
12. Erythema multiforme
13. Graft vs host disease and the grading
14. Lupus erythematosus
15. Granuloma annulare
16. Actinic granuloma
17. Necrobiosis lipoidica diabetorum
18. Sarcoidosis
19. Erythema nodosum
20. Leukocytoclastic vasculitis
21. Well's syndrome

Bullous diseases and their DIF pattern:

1. Pemphigus vulgaris/foliaceus
2. Bullous pemphigoid
3. Dermatitis herpetiformis
4. Linear IgA
5. Bullous lupus
6. Porphyria cutanea tarda
7. Bullous lichen planus
8. Herpes simplex/zoster

Acantholytic dyskeratoses

1. Hailey-Hailey/family benign pemphigus
2. Darier's/keratosis pilaris
3. Grover's/transient acantholytic dermatosis
4. Warty dyskeratoma

Neoplasms and precursors:

1. Actinic keratosis and subtypes
2. SCCs and subtypes, including KA
3. BCCs and subtypes

4. Nevi and atypical nevi
5. Melanomas and parameters of reporting
6. Merkel cell carcinoma
7. Common adnexal tumors:
 - Cylindroma
 - Spiradenoma
 - Poroma
 - Hidroadenoma
 - Syringoma
 - Mixed tumor
 - Hidradenoma papilliferum
 - Syringocystadenoma papilliferum
 - Sebaceous neoplasms
 - Trichoepithelioma
8. Seborrheic keratosis
9. Clear cell/pale cell acanthoma
10. Soft tissue tumors, including fibrous papule

8. Core Competencies:

The ACGME objectives require that residents develop competencies in: a) patient care, b) medical knowledge, c) practice-based learning, d) interpersonal and communication skills, e) professionalism and f) systems-based practice. Our specific objectives for each resident are to develop following **competencies**.

Patient Care: The resident will demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of Pathology services including: effective communication with patients and families; ability to gather essential and accurate information about the patient from all available sources; makes informed decisions based on current scientific evidence and clinical judgment; uses information technology to support patient care decisions and education of patients and other health care workers; performs competently all technical and invasive procedures essential for the practice of dermatopathology; develops appropriate diagnoses or differential diagnoses; works with other health care professionals to provide patient-focused care.

Medical Knowledge: The resident will demonstrate knowledge about established and evolving biomedical, clinical and cognate (epidemiological and social-behavioral) sciences and applies this knowledge to patient care; demonstrates an investigative and analytic approach to problems; consults appropriately in complicated problems; is familiar with the dermatopathology literature; has a sound knowledge of laboratory management including implementation of all applicable safety regulations and sound fiscal management; is an effective consultant to clinicians.

Practice-Based Learning and Improvement: The resident will be able to investigate, evaluate and improve laboratory and medical practice and medical knowledge on an ongoing basis; participate in quality assurance and quality improvement procedures; appraise and assimilate evidence from scientific studies; apply knowledge of study design and statistical methods to appraisal of clinical and pathologic studies; use information technology to manage information and to support continuing education activities; facilitate learning of students and other health care professionals; is receptive to new ideas. The resident will participate actively in research or other scholarly activity and is capable of critical assessment of medical literature.

Interpersonal and Communication Skills: The resident will demonstrate skills that result in effective information exchange and team building with patients' families, and professional associates; expresses ideas and positions clearly both orally and in writing; ensures that reports are complete and up to date; keeps thorough and accurate records; is objective, frank,

and concise; is an effective listener; works effectively with other members of the health care team; gives clearly defined orders and administrative directives.

Professionalism: The resident will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations; carries out duties with dispatch and thoroughness; is prompt and well-prepared for conferences and teaching assignments; assumes delegated responsibility; demonstrates stability in critical situations; demonstrates respect, compassion and integrity; is responsive to needs of patients and society at a level that supersedes self-interest; is committed to excellence and on-going professional development.

System-Based Practice: The resident will demonstrate awareness of the role of dermatopathology in large medical systems and public health; is able to call on system resources to provide dermatopathology services that are of optimal value; understands the reciprocal interaction of pathology practice with that of other health care professionals, health care organizations, and the larger society; demonstrates knowledge of different types of health care delivery systems including federal, state, and local laboratory regulations, billing, and compliance issues; practices cost-effective health care and resource allocation without compromising quality.