

**Frequently Asked Questions: Dermatopathology
Review Committee for Dermatology
and Pathology ACGME**

Question	Answer
Educational Program	
<p>How does the Review Committee define “direct inspection” in reference to diagnosing skin disorders, and in what contexts does the Review Committee expect fellows will acquire this experience?</p> <p><i>[Program Requirement: IV.B.1.b).(1).(b), IV.C.3.b)]</i></p>	<p>“Direct inspection” refers to the assessment of primary and secondary skin lesions and their distribution on the body surface, resulting in the generation of a reasonable differential diagnosis and a determination of the most likely clinical diagnosis. Fellows who are dermatologists should already have acquired this skill.</p> <p>Fellows who are pathologists will have these same experiences, but will spend 50 percent of eight months of their 12-month fellowship primarily examining patients in person in a dermatology clinic setting. However, it is recognized that a component of the clinical dermatology setting may be inclusive of telehealth experiences and that other intensive patient discussions through routes such as dermatology departmental grand rounds, tumor boards, and clinical and pathologic correlation conferences may assist in meeting this requirement. Some of the direct inspection of lesions may also be enhanced by techniques such as dermoscopy and Wood's light examination.</p>

Question	Answer
<p>What are the Review Committee's expectations for a fellow's examination of dermatopathology specimens?</p> <p><i>[Program Requirement: IV.C.3.]</i></p>	<p>For surgical pathology specimens, examination includes:</p> <ol style="list-style-type: none"> 1. gross dissection and dictation, when possible, review of the requisition form, microscopic examination of the specimens, and signing out of specimens with the supervising attending physician; 2. sitting in on sign-outs of specimens that other pathology residents assigned to the surgical pathology service have worked up, or that the pathology resident has grossed in; and, 3. reviewing study sets in surgical pathology. <p>For cytopathology specimens, examination includes:</p> <ol style="list-style-type: none"> 1. reviewing and signing out of specimens from those cases to which the fellow is specifically assigned, or from the cases for which the fellow was assigned to review and perform a microscopic examination; 2. sitting in on sign-outs of specimens that other pathology residents or cytopathology fellows have worked up; 3. sitting in on cytopathology quality assurance conferences; and, 4. reviewing study sets in cytopathology.
<p>How can pathology-trained fellows meet the requirement to devote 50 percent of eight-months to education in clinical dermatology?</p> <p><i>[Program Requirement: IV.C.3.b)]</i></p>	<p>Programs have flexibility in designing their fellows' schedules. For instance, a program could alternate entire weeks or blocks on dermatology and dermatopathology with an emphasis on follow-up of cases.</p> <p>While time providing direct patient care, including dermatology clinic (in-person/telehealth), will represent the majority of this time, additional experiences that satisfy this requirement may include dermatology didactics and other intensive patient discussions through routes such as dermatology departmental grand rounds and clinical and pathologic correlation conferences.</p>

<p>How can pathology-trained fellows meet the 500-patient requirement, and what does it mean to examine a dermatology patient?</p> <p><i>[Program Requirement: IV.C.3.b).(1)]</i></p>	<p>The Committee reduced the number of required dermatology patients to allow fellows to focus on those adult and pediatric dermatology patient experiences with the highest educational value (which may not be as readily available, or which may require more time for the fellow to examine).</p> <p>Fellow examination of a dermatology patient includes reviewing the clinical morphology, in conjunction with or under the guidance of a dermatology faculty member, which could include in-person or telemedicine encounters and other intensive patient discussions such as dermatology departmental grand rounds and clinical pathologic correlation that occur in other settings.</p>
<p>How can dermatology-trained fellows meet the requirement for 500 surgical pathology specimens, and what qualifies as examining a surgical pathology specimen?</p> <p><i>[Program Requirement: IV.C.3.c).(1)]</i></p>	<p>The Committee reduced the number of required surgical pathology specimens to allow fellows to focus on specimens with the highest educational value (which may not be as readily available, or which may require more time to review). Any surgical pathology specimen meets the numeric requirement, but the Committee expects the program to prioritize exposure to specimens with the greatest relevance to dermatopathology, including: hematopathology, soft tissue pathology, head and neck pathology, vulvar pathology, ocular pathology, oral pathology, and sentinel lymph node pathology.</p> <p>Fellow examination of a surgical pathology specimen includes reviewing the relevant histopathologic features, in conjunction with or under the guidance of a pathology faculty member, which could include intensive patient discussions such as tumor board.</p>

<p>How can dermatology-trained fellows meet the requirement to devote 50 percent of eight months to anatomic pathology education?</p> <p><i>[Program Requirement: IV.C.3.c]</i></p>	<p>Programs have flexibility in designing their fellows' schedules. For instance, a program could alternate entire weeks or blocks on dermatopathology and pathology with an emphasis on follow-up of cases.</p> <p>While time providing direct patient care reviewing histopathology should represent the majority of this time, additional experiences that satisfy this requirement may include pathology didactics, grossing, multidisciplinary tumor boards, quality assurance conferences, molecular pathology, and laboratory management.</p>
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The Learning and Working Environment

<p>Who is qualified to supervise fellows in patient care activities?</p> <p><i>[Program Requirement: VI.A.2.]</i></p>	<p>In both the clinic setting, where fellows see patients, and in pathology or dermatopathology, where fellows work up and sign out biopsies or excisions, there must be a qualified attending staff physician who reviews and signs off on a fellow's diagnosis and treatment plan or pathology report. Since graded responsibility over the fellowship year is documented, the attending physician may exercise indirect and/or possibly oversight supervision.</p>
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