Division of Dermatology
University of Louisville School of Medicine

Residents Manual 2024-2025 *(Revised June 9, 2024)*

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I. MISSION STATEMENT

The mission of the Division of Dermatology at the University of Louisville School of Medicine is:

A. to provide high quality medical care to patients,
B. to provide education about diseases of the skin, hair, nails, and mucous membranes to our community, medical students, graduate trainees, and practitioners, both non-dermatologists and dermatologists; and,
C. to perform original clinical research that adds to the understanding of diseases of the skin, hair, nails and mucous membranes.

The goal of our training program is to provide the opportunity for trainees to become able to independently deliver superior specialized care for patients with diseases of the skin, hair, nails, and the mucous membranes.

The training program in dermatology provides a broad and varied educational experience. Educational activities involve graduate medical trainees over a 3-year period. The experience is progressive with more responsibility, regularly scheduled conferences, seminars, as well as supervised clinical care of patients. Dermatopathology and Dermatologic Surgery are integral parts of our residency program.

The following is a description of the program and its rotations along with current policies and procedures.

II. **EXPECTED COMPETENCIES FOR RESIDENTS FOR EACH YEAR OF TRAINING**

First Year Resident (PGY2)

Competency	**MK**	**PC**	**PBL**	**C**	**P**	**SBP**
Obtain and document a complete history (present, past and family) and focused review of systems	*	*		*		
Perform and document an appropriate physical examination	*	*		*		
Appropriately describe morphology, configuration, and distribution in documenting physical examination findings.	*					
Demonstrate knowledge of basic sciences – e.g. anatomy, embryology, physiology, biochemistry, genetics, & microbiology	*					
Recognize, know the characteristics of, and manage major dermatologic diseases under supervision	*	*	*	*	*	
Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision.	*	*	*	*		
Select appropriate ancillary studies	*	*	*			*
Select appropriate biopsy site and technique for different clinical scenarios	*	*	*			
Perform basic diagnostic procedures (e.g. KOH, Tzanck smears, Scabies prep, hair examination, Woods lamp)	*	*				
Perform simple surgical procedures (shave biopsy, punch biopsy, curettage and		*		*		

electrodessication of benign and malignant lesions, incision and drainage of cysts, cryosurgery, basic simple excisions of benign and malignant lesions)						
Demonstrate knowledge of the indications for and risks of dermatologic therapies (topical and systemic agents, phototherapeutic modalities)	*					
Be able to answer and triage calls from the ER or consulting physicians under supervision	*	*	*	*	*	*
Interpret and present synopses of articles from the current literature	*		*	*		*
To select relevant information from major dermatologic texts and apply it to patient care	*	*	*	*		*
To recognize by description the major histopathologic patterns of dermatologic disease	*	*		*		*
Demonstrate compassionate care of patients taking into consideration social, ethnic and behavioral factors		*	*	*	*	*
Be sensitive to diverse patient populations		*		*	*	*
Develop an awareness of the quality and cost of care including an analysis of cost-effectiveness	*	*	*	*	*	*
Follow basic ethical principles				*	*	
Strengthen the ability to communicate with patients and other medical personnel		*		*	*	

Second Year Residency (PGY3) – In addition to those competencies developed during the first year of residency, the second year resident should:

Competency	MK	PC	PBL	C	P	SBP
Recognize and develop a differential diagnosis for most dermatologic diseases under supervision.	*	*	*	*		
Recognize and manage sexually transmitted diseases and infections under supervision	*	*	*	*	*	
Perform more advanced surgical procedures (nail avulsion and matrixectomy, excision of benign and malignant lesions with appropriate repair)	*	*	*	*	*	*
Select appropriate management for malignant lesions (destruction, topical therapies, excision, Mohs, referral for sentinel lymph node biopsy, referral for radiation) and counsel patients on the risks, benefits, and alternatives to dermatologic procedures.	*	*	*	*	*	*
Select appropriate therapies for dermatologic conditions (topical, systemic, and photo therapies) and counsel patients about the risks, benefits, and alternatives to therapy under supervision	*	*	*	*		*
Be able to answer and triage calls from the ER or consulting physicians under supervision	*	*	*	*	*	*

Perform patch tests and interpret results under supervision	*	*	*			
Know the essentials of wound care and manage wounds under supervision	*	*	*			
Recognize major histopathologic patterns of dermatologic disease and develop a differential diagnosis for most histopathologic specimens	*	*		*		*

Third Year Dermatology Resident (PGY4) - In addition to those competencies developed during the first and second years of residency, the third year resident should:

Competency	**MK**	**PC**	**PBL**	**C**	**P**	**SBP**
Be able to recognize and develop a differential diagnosis for most dermatologic diseases under little or no supervision.	*	*	*	*		
May be able to answer consultations in outpatient and inpatient settings with little or no supervision.	*	*	*	*	*	*
Select and manage appropriate therapies for dermatologic conditions with minimal supervision with consideration for safety, efficacy, adverse event profile, and cost of therapies	*	*	*	*	*	*
Order appropriate diagnostic tests with consideration for the accuracy, expense, and safety of the tests	*	*	*			*
Perform advanced surgical procedures including excision of malignant lesions with	*	*	*	*	*	*

appropriate margins and repair with grafts or flaps.						
Knows the essentials of laser therapies, hair transplantation, Micrographic surgery, phototherapy, photodynamic therapy and chemical peels.	*	*	*	*		
Demonstrate ability to code accurately for visits and procedures with minimal supervision	*	*	*			
Teach basic dermatology to medical students and first year residents	*			*	*	

a. MK = Medical Knowledge; PC = Patient care; PBL = Practice-based learning and improvement (involving the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care); C = Interpersonal and Communication skills; P = Professionalism; SBP = Systems based practice (as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value)

III. LEARNING OBJECTIVES FOR ROTATIONS

A. Description of Teaching Activities

1. General Dermatology Clinics. The resident will:
   a. Learn history taking and physical examination of patients with skin diseases using proper dermatologic nomenclature.
   b. Learn to order pertinent laboratory tests.
   c. Perform common diagnostic and therapeutic dermatological procedures including scrapings, smears, and simple biopsies (shave, punch, wedge, incisional).
   d. Learn the technique of selecting an appropriate medical treatment.
   e. Learn the appropriate steps to monitor the selected therapy.
   f. Obtain proper epidemiological history from patients.
   g. Pay particular attention to patients' emotional needs.

h. Learn to apply principles of evidenced-based medicine.
i. Learn to use the institutional facilities for the well-being of the patient.
k. Relate effectively with patients and relatives.
l. Relate effectively with other healthcare personnel.
m. Learn to consider the cost of healthcare in the management of diseases.
n. Learn the basic principles of coding.

B. Clinical Care Settings–Audubon, Urgent Care Clinic, VAMC, Pediatrics, inpatient and private offices. Develop skills of diagnosis and management of patients with the following types of skin disease.

1. Audubon clinic – continuity clinic, general dermatology, skin diseases in indigent or less well insured populations.
2. VAMC – general dermatology, continuity clinic, treatment of skin cancers
3. Pediatric Dermatology Clinic at Norton Children's Hospital with Dr. Patricia Todd
4. Callen – patients with systemic diseases, learn diagnostic and treatment approaches for dermatologically and medically complicated patients
5 Schadt – challenging patients with multiple problems, pediatric patients, general dermatology.
6. Burruss, Kartha– general dermatology
7. Ashley Brown – general and cosmetic dermatology
8. Cassis/Daniels – use of laser to treat skin disease and the selection of the patient for cosmetic procedure including laser therapy, peels, neurotoxins, and injectable fillers.
9. Brown/McCall Jr. – exposure to Mohs micrographic surgery and use of surgical techniques for the removal of or treatment of skin lesions as well as repair of defects created, and the selection of the patient for cosmetic procedure including laser therapy, peels, and injectable fillers.
10. Rotation with medical assistant/nurse delivering PDT, Excimer laser therapy and phototherapy – enhance exposure to the delivery of phototherapies
11. Inpatient Consult – Diagnosis and management of skin disease requiring inpatient care or seen in those with other disease necessitating hospitalization
12. Continuity Clinics – VA Tuesdays and Audubon office on Thursdays – Patients are assigned to a resident and followed longitudinally throughout the three years of residency
13. Jung: Norton Cancer Institute—cutaneous oncology, supportive onco-dermatology
14. Urgent Care Clinic—patients to be scheduled for urgent issues only; can only be scheduled within a week of appointment.

C. MEDICAL/PEDIATRIC/GENERAL DERMATOLOGY LEARNING OBJECTIVES

First Year Residents

Should be able to:

1. Obtain and document a complete history (present, past and family) and focused review of systems
2. Perform and document an appropriate physical examination
3. Appropriately describe morphology, configuration, and distribution in documenting physical examination findings.
4. Demonstrate sufficient knowledge of basic sciences – e.g. anatomy, embryology, physiology, biochemistry, genetics, & microbiology
5. Recognize, know the characteristics of, and manage the most common dermatologic diseases under supervision
6. Perform basic diagnostic procedures (e.g. KOH, Tzanck smears, Scabies prep, hair examination, use of Wood's lamp)
7. Select appropriate ancillary studies.
8. Select appropriate biopsy site and technique for different clinical scenarios
9. Perform simple surgical procedures (shave biopsy, punch biopsy, curettage and electrodessication of benign and malignant lesions, incision and drainage of cysts and abscesses, cryosurgery, basic simple excisions)
10. Demonstrate knowledge of the indications for and risks of dermatologic therapies (topical and systemic agents, phototherapeutic modalities)
11. Interpret and present synopses of articles from the current literature
12. To select relevant information from major dermatologic texts and apply it to patient care
13. To recognize by description the major histopathologic patterns of dermatologic disease
14. Demonstrate compassionate care of patients taking into consideration social, ethnic and behavioral factors
15. Be sensitive to diverse patient populations
16. Develop an awareness of the quality and cost of care including an analysis of cost-effectiveness
17. Follow basic ethical principles
18. Demonstrate ability to communicate with patients and other medical personnel
19. Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision
20. Be able to answer and triage calls from the ER or consulting physicians under supervision

Second Year Residents

Should be able to:

1. Recognize and develop a differential diagnosis for most dermatologic diseases under supervision.
2. Recognize and manage sexually transmitted diseases and infections under supervision
3. Perform more advanced surgical procedures (nail avulsion and matrixectomy, simple excision of benign and malignant lesions with appropriate repair)
4. Select appropriate management for malignant lesions (destruction, topical therapies, excision, Mohs, referral for sentinel lymph node biopsy, referral for radiation) and counsel patients on the risks, benefits, and alternatives to dermatologic procedures.
5. Select appropriate therapies for dermatologic conditions (topical, systemic, and photo therapies) and counsel patients about the risks, benefits, and alternatives to therapy under supervision
6. Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision
7. Be able to answer and triage calls from the ER or consulting physicians under supervision
8. Perform patch tests and interpret results under supervision
9. Know the essentials of wound care and manage wounds under supervision

Third Year Residents

Should be able to:

1. Be able to recognize and develop a differential diagnosis for most dermatologic diseases with no or little supervision
2. Know the essentials of laser therapies, hair transplantation, Micrographic surgery, phototherapy, photodynamic therapy and chemical peels
3. Select and manage appropriate therapies for dermatologic conditions with minimal supervision with consideration for safety, efficacy, adverse event profile, and cost of therapies
4. Order appropriate diagnostic tests with consideration for the accuracy, expense, and safety of the tests
5. May be able to answer consultations in outpatient and inpatient settings with little or no supervision
6. Teach basic dermatology to medical students and first year residents
7. Demonstrate ability to code accurately for visits and procedures with minimal supervision

D. DERMATOPATHOLOGY

Develop skills in the interpretation of slides from biopsies of skin lesions and dermatoses. The resident will recognize the major patterns of inflammatory skin diseases, the most common benign and malignant neoplasms of the skin. The resident will be able to formulate a differential diagnosis and establish a sound clinicopathological correlation.

First year residents

Should be able to:

1. Recognize the difference between neoplastic and inflammatory dermatoses. Be able to categorize the various inflammatory dermatoses into the major reaction patterns (i.e. psoriasiform, lichenoid, superficial perivascular, superficial and deep, etc.)
2. Understand the general architectural and cytologic characteristics used to distinguish benign and malignant neoplasms
3. Understand the general histologic characteristics used to distinguish primary from metastatic cutaneous neoplasms
4. List the differential diagnoses of various tumors
5. Understand the basic science behind immunohistochemistry and understand how immunohistochemical panels are used in the diagnosis of poorly differentiated and spindle cell cutaneous neoplasms
6. Understand the basic histologic characteristics used to distinguish benign from malignant melanocytic tumors
7. List the various cytochemical stains and describe what materials they are designed to localize
8. Distinguish and classify adnexal tumors
9. Distinguish and classify cysts
10. Perfect their own biopsy technique based on their understanding of the histopathology of the disease

Basic

* Understand the basics of laboratory operation from acquisition of the biopsy, processing of the specimen to the production of a final report. Develop appreciation for potential sources of errors and the need for meticulous record keeping from the bedside to delivery of the final report.
* Recognize appearance, basic utility and appropriate utilization of common histochemical special stains (why order which stains when).
* Gain understanding of basic science behind immunohistochemistry.
* Become familiar with the most commonly used immunoperoxidase antibodies and their appearance, including the use of internal controls.
* Gain understanding of basic science behind immunofluorescence, along with the strengths and weaknesses of immunohistochemistry.

Anatomy

* Recognize the normal appearance of skin, basic structures within the skin and regional variations including the impact these anatomic variations have on the development of a differential diagnosis.
* Learn structure and function of microanatomy of the hair follicle and correlate with adnexal tumors.
* Develop basic understanding of the ultrastructure of the basement membrane zone and correlate with immunofluorescent patterns in immunobullous disorders.

Inflammatory Disorders

* Learn concepts of pattern recognition especially in relation to inflammatory disorders and begin to formulate a differential diagnosis based upon pattern.
* Specifically, begin to develop differential diagnoses for common reaction patterns including spongiotic dermatitis (and eosinophilic spongiosis), intraepidermal and subepidermal blistering disorders, granulomatous dermatitides (palisaded, sarcoidal, tuberculoid, foreign body, suppurative) and lichenoid dermatitides.

Neoplastic Disorders

* Understand basic architectural and cytologic features that help differentiate benign from malignant tumors.
* Recognize most common benign tumors and their variants (especially, adnexal tumors and melanocytic neoplasms).

Second Year Learning Objectives

* Review and increase depth of knowledge of 1st year objectives.
* Begin more independent functioning at the microscope. This includes becoming comfortable with "driving" when looking at cases, beginning to find the pathology without being lead to it and articulating a reasonable differential diagnosis without significant coaxing.
* Develop an understanding of Mohs micrographic surgery processing and interpretation of these specimens.

Third Year Learning Objectives:

* Describe the histopathologic differences between atypical and malignant melanocytic neoplasms

* Produce a complete list of differential diagnoses for each of the major histopathologic reaction patterns and define the subtle characteristics used to distinguish amongst the various entities within each category
* Identify and distinguish the different reaction patterns associated with various infectious processes (i.e. viral infection, bacterial infection, fungal infection, rickettsial infection, protozoan infection, etc.)
* Be able to identify the various types of cutaneous fungal infection based on size and other morphologic features
* Classify benign and malignant soft tissue tumors based on tumor architecture and cytology
* Classify the immunobullous disorders based on histopathology and immunofluorescence pattern
* List the histopathologic and immunophenotypic characteristics used to distinguish lymphoma and pseudolymphoma and used to categorize the subtype of lymphoma
* Be able to teach basic dermatopathology concepts to first year residents during assigned weekly unknown sessions

Basic and Anatomic

* Review and increase depth of knowledge of 1st and 2nd year objectives.
* Understand the medicolegal implications of sampling error, technical laboratory error and diagnostic error. Develop problem solving skills to minimize possibility of error.
* Review more commonly noted ultrastructural findings of different cell types.

Inflammatory Disorders

* Formulate more detailed differential diagnoses for more subtle or esoteric inflammatory patterns of skin disorders. Understand the strengths, weaknesses and limitations of a skin biopsy in aiding the diagnosis of inflammatory disorders. This includes an increased appreciation for the similar histologic appearance many widely varied clinically distinct diseases can take.

Neoplastic Disorders

* Recognize unusual variants of common benign and malignant neoplasms and the implications for management of the patient.
* Be able to interpret both permanent excision sections and Mohs sections for margin control.
* Based upon examination of H&E sections of an unknown neoplasm, develop a request for pertinent immunohistochemical stains and then discuss the interpretation of those stains.

* Be familiar with all variants of melanoma. Understand the difficulty in the interpretation of challenging melanocytic lesions including differentiating melanomas from atypical nevi, Spitz nevi, melanocytic proliferation on sun-damaged skin and other benign melanocytic neoplasms.

E. DERMATOLOGIC SURGERY

Dermatologic Surgery is taught in three clinics per month at the VAMC and in the private offices of Associates in Dermatology throughout the residency. Four weeks of rotation, divided into one or two week blocks occurs during the second year of residency. The objective is to become familiar with surgical techniques including simple and complex closures, microscopically-controlled surgery, flaps, grafts, surgical materials, preoperative and postoperative techniques, laser surgery, chemical and mechanical peels, injectable fillers, and neurotoxins. Further training in the micrographic surgery with Dr. Tim Brown, Dr. Mike McCall Jr., Dr. Tye Haeberle, or Dr. Tyler Geers is obtained on one afternoon per week for first year residents. Further training in cosmetic dermatology may be obtained with Drs. Ashley Brown, Cassis, and/or Daniels. Residents will observe, receive training in, and occasionally have the opportunity to perform such procedures as neurotoxin and injectable fillers, lasers, sclerotherapy, microdermabrasion, and chemical peels.

It is the resident's responsibility to document all procedures using the online system developed by the ACGME:
http://www.acgme.org/acgmeweb/tabid/161/DataCollectionSystems/ResidentCaseLogSystem.aspx

First Year Objectives

1. Be able to differentiate various types of suture and describe appropriate anatomic locations for each type
2. Display competency and safety in performing cutaneous biopsies (including shave, saucerizations, punch, incisional, and excisional types)
3. Know principles of the preoperative assessment of surgical patients
4. Be able to differentiate between the types of surgical preparation scrubs
5. Prep a surgical patient adequately
6. Know the names of the surgical instruments used in cutaneous surgery

7. Display knowledge of facial anatomy including recognition of the facial danger zones
8. Perform the placement of sutures with proper wound eversion
9. Know types of topical and local anesthetics, mechanism of action, and duration of effect
10. Be able to perform a fusiform/elliptical excision.
11. All procedures must be performed safely with eye protection.

Second Year Objectives

1. Demonstrate an understanding of electrocautery
2. Demonstrate skill in performing interrupted, running, horizontal mattress, vertical mattress, and running subcutaneous suture technique
3. Be able to administer local anesthesia including field blocks, facial nerve blocks, and digital blocks
4. Know the different repair options for wound closure (i.e. second intention healing, primary closure, grafts, flaps) and when they are best used
5. Know and be able to differentiate between all types of flaps
6. Perform the placement of sutures and obtain greater wound eversion
7. Know all of the types of lasers used in dermatologic surgery as well as their wavelength and clinical application
8. Describe the margins necessary for the removal of both melanoma and nonmelanoma skin cancers (including high risk tumors)

Third Year Objectives

1. Perform a full thickness skin graft
2. Be able to visualize and implement reconstructive options for the closure of Mohs defects
3. Be able to describe the theory of selective photothermolysis
4. Perform laser surgery using the pulse dye laser for the removal of a vascular lesion
5. Be able to describe the mechanism of action for botulinum toxin injections. Demonstrate knowledge of anatomy where botulinum toxin injections may be utilized for cosmetic enhancement. Demonstrate appropriate technique with injecting.
6. Knowledge of the different types of injectable fillers and demonstration of their use.
7. Know the difference between the types of grafts utilized in hair transplantation

8. Able to design and complete complex wound closure
9. Understand principles of wound healing

F. ELECTIVE ROTATION – THIRD YEAR

As of July 1, 2019, until further notice, Elective rotations are not able to be scheduled unless they are necessary to fulfill a MUST requirement as noted by the ACGME. If they again become available, the following guidelines will be utilized.

This varies by the resident, but it is intended to improve skills developed within the residency program and/or to have exposure to techniques or individuals not directly associated with our program. Such rotations can be no longer than 2 weeks. Except under extraordinary circumstances, this elective is to be scheduled during the third year of residency. There is no support provided for rotations outside of Louisville, but residents may apply for grants from organizations such as the Women's Dermatology Society, the Medical Dermatology Society, the Pediatric Dermatology Society or others. The rotation must be approved by the Program Director and by the Graduate Medical Education (GME) Committee well in advance of the rotation. Costs for insurance or medical licenses are borne by the resident.

G. CONFERENCES

1. **Journal Club** – 2nd and 4th Tuesdays each month, 8 – 9:15 am, 3810 Springhurst Blvd.

    A. Learning Objectives
        i. Develop an ability to critically analyze published articles.
        ii. Recognize important advances in the basic understanding, diagnosis, and management of dermatologic diseases.
        iii. Develop a life-long habit of reading and analyzing the medical literature.
        iv. Demonstrate communication skills in presenting an analysis of articles in a clear and concise manner.

    B. Journals routinely reviewed are the *JAMA Dermatology*, *Journal of the American Academy of Dermatology, British Journal of Dermatology, Journal of Investigative Dermatology, Dermatologic Surgery, and Pediatric*

Dermatology. Though certain articles from *JAMA Dermatology and Journal of the American Academy of Dermatology* are assigned for discussion, residents are expected to read the entire journal monthly.

C. A faculty discussant/leader for each session is assigned on a rotating basis and aids the residents in the selection of articles to review. Each resident is responsible for a PowerPoint presentation that aids in his/her oral presentation of one article per journal club. The faculty leader moderates the discussion with participation from other faculty members wishing to speak. A minimum of 6 articles will be discussed at each journal club.

2. **CLINICAL DIAGNOSTIC CONFERENCE (also known as Grand Rounds) –** 1st and 3rd Tuesdays each month, 8:00 – 9:15 am, 3810 Springhurst Blvd. No live patient viewings as of March 2020 2/2 the COVID pandemic.. This conference is designed to share interesting patients or obtain input on diagnostic/therapeutic dilemmas. All data from conference is stored securely on the residents' library computer in PowerPoint files.

A. **Learning Objectives**

i. Examine the skin more efficiently and effectively.
ii. Construct and prioritize a differential diagnosis for skin diseases.
iii. Design an appropriate plan for evaluation and management of patients with skin disease.

B. Procedures

1. Dr. Callen will inform the 1st year residents of the patient names following each session and they will enter them in a log for future retrieval when necessary. This will occur within the Electronic Medical Assistant system used by AID.

3. **DERMATOPATHOLOGY DIAGNOSTIC CONFERENCE** – Two Tuesday(s) per month at 11:00 am 3810 Springhurst Blvd.

A. **Learning Objectives**

i. Analyze pathology specimens more critically.
ii. Develop and prioritize a differential diagnosis for pathology.
Recognize the importance of clinicopathologic correlation in establishing a "final" or "working" diagnosis.

4. **TOPIC SERIES IN DERMATOPATHOLOGY** – Tuesdays at 11:00 am, basement of 3810 Springhurst Blvd. This conference is designed to provide a systematic review of dermatopathology based upon the chapters of the selected dermatopathology text (Barnhill) (36 sessions), and will be accompanied by slides for study and review. The sessions will be led by the dermatopathologists with a U of L appointment (Malone, Bahrami, Sonnier, Fearneyhough, and Burch) on a rotating basis.

A. **Learning Objectives**

i. Become familiar with the distinguishing features of dermatopathologic diagnoses.
ii. Learn how to distinguish and describe the relevant features of the pathology reviewed, and begin to use these findings to develop a dermatopathologic differential diagnosis.

5. **Textbook Conference** -Tuesday, 9:30-10:50 am at 3810 Springhurst Blvd

A. **Learning Objectives**

i. Become familiar with dermatologic disorders and their diagnosis and management.
ii. Understand the scientific basis of skin disease.

B. **Review of one or more dermatology textbooks**. Reading schedule will be determined by the chief residents on a monthly basis and will include selections from the following texts: Bolognia's *Dermatology*, Andrew's *Diseases of the Skin*, Spitz's *Genodermatoses*, and the ASDS Surgical Primer. ~~Wolverton's *Comprehensive Dermatologic Drug Therapy.*~~ Every year, a dermatopathology text is reviewed.

6. **Noon Conference** Friday 12:00 pm virtually or in person at 3810 Springhurst Blvd
A. **Learning Objectives**

i. Construct a differential diagnosis for skin diseases depicted photographically.
ii. Recognize the value of clinicopathologic correlation.
iii. Develop skills necessary for preparation and presentation of a conference.

7. Friday 1:30 PM Conferences: virtually or in person at 3810 Springhurst

i. Various faculty (Callen, Schadt, Owen) will focus on clinical images "kodachromes" for review.
ii. Consult review session: consult residents will present images from consults quarterly
iii. Other sessions may include hands on cosmetic sessions (approximately 4-6 a year) with Dr. Ashley Brown, surgical sessions with Drs. Brown/McCall

8. **Dermatopathology Monthly Review with Drs. Malone, or Bahrami or Haeberle -** Mondays, 8– 9 am at 3810 Springhurst or at a mutually agreeable time for Dr. Haeberle.

A. **Learning Objectives**

i. Understand the clinicopathological correlation by reviewing slides of biopsies performed.
ii. Develop an appreciation for the selection of an appropriate technique for tissue removal to get the optimal pathological report.
iii. Residents are responsible for recording and tracking the results of all biopsies from VA, UofL, Audubon Clinic, Norton Pediatrics, and consults.

9. **Conferences Outside of Louisville**

Residents regularly attend meetings of the American Academy of Dermatology annually (except for one first year resident who remains on call)). The PGY2 resident who stays in Louisville to cover call instead of attending the AAD can attend an additional meeting during their residency at the approval of the program director.

Residents in their second and third years are encouraged to attend one of the following meetings – Society for Pediatric Dermatology, the Summer Academy, American Society for Dermatologic Surgery, American College of Mohs Surgery, or the American Society of Dermatopathology. Should they choose a subspecialty society meeting to attend (e.g. SPD, ASDP, ASDS or Mohs meetings), it can only be once during their residency and they are encouraged to submit a case or study for presentation at the meeting of their choice.

Residents may attend the following conferences provided that funding is available or they utilize their own monies: Dermatology Foundation Clinical Symposium, Caribbean Dermatology Symposium, Coastal Dermatology Symposium, the Fall Clinical Dermatology Conference, or the National Psoriasis Foundation resident meeting. Additional meetings also require use of vacation days.

Residents may attend the following meetings a second time in their residency during their vacation time and at their expense including the American Society of Dermatopathology, the Society for Pediatric Dermatology, or the American Society of Dermatologic Surgery.

Barron's Dermatopathology Board Review Course may be attended if there is a donation of funds or if the resident desires to pay their own way. Residents are not allowed to accept monies from private practitioners. Their reimbursements must come through UofL or through the office staff at AID.

These meetings provide the resident with skills or knowledge that may not be readily available in Louisville.

In ALL instances, meeting attendance must be compatible with the availability of adequate numbers of residents to cover clinical duties and teaching activities in Louisville and must be approved by the program director and Chief of the Division in advance.

A. **Learning Objectives**

i. Expand knowledge base for diseases of skin, hair, nails, and mucous membranes.
ii. Develop contacts with residents and faculty from other programs.

10. **Visiting Professor Program**

About 4-6 times per year a nationally known faculty member from another institution comes to visit our program in person or to lecture virtually. Some sessions will occur on Monday evening (lecture and dinner), then Tuesday morning Grand Rounds followed by a resident-only session (10 am – 12 pm) and lunch The Friday sessions will commence at noon conference and might last for 1 to 3 hours.

A. **Learning Objectives**

i. Recognize alternative approaches to diagnosis and management of diseases of the skin, hair, nails, and mucous membranes.
ii. Develop a personal relationship with nationally known faculty from other institutions.

11. **Morbidity/Mortality and Quality Assurance/Quality improvement Conferences** -- 5th Tuesdays 8-9:15 am
Morbidity/ mortality conference -- Residents will report on 1 case per academic year (that depict actual clinical scenarios from a clinic visit or hospital consult)
QA/QI – projects are also encouraged for residents to develop and complete during their 3 years of residency.

A. Learning Objectives

i. Recognize sources of medical error and understand pitfalls in decision-making to avoid misdiagnosis of skin conditions.
ii. Identify threats to patient safety in the form of misguided therapy, adverse events, ethical quandaries, or poor patient outcomes and formulate measures that can be taken to prevent similar occurrences in the future.
iii. Formulate quality measures and institute system changes that minimize error, maximize patient safety, and improve clinical care

IV. POLICIES

A. General information
1. GMEC manual

Each year the resident is given a manual by the GMEC that outlines the general policies regarding vacation, pregnancy leave, sick leave, HIV exposure. See "House Staff Policies and Procedures – School of Medicine, 2017-2018".

a. Leave Time
b. Medical Licensure
c. Delinquent Medical Records
d. HSC Health Services Office
e. Services provided
f. Immunization requirements
g. Procedure for needle sticks or other exposures to blood borne pathogens
h. Counseling Service for Residents
i. Academic probation/Due Process/Grievance Procedure
j. Policy on Compliance with Teaching Physician Regulations
k. Sexual Harassment
l. Drug Free Schools Notice
m. Impaired Residents/Substance Abuse
n. Fringe Benefits
p. Resident Malpractice Coverage
q. Resident Moonlighting Policy

2. Residents who are new to the University of Louisville should attend the conference that is given the first day of training at the University where such topics as quality assurance, ethics and the general rules of the University are presented. At least four hours per year will be dedicated to discussion of quality improvement, ethics, medical-legal issues, and the cost of medical care. These discussions will often take place during the regular journal club, clinical diagnostic conference, or the Friday noon conference.

Certain items of these policies are covered here as well.

Research Activities and Scholarly Activity

The Program Director and teaching staff will ensure an environment of inquiry and scholarship. They will do it by:

a. Active participation in regional and national scientific meetings, especially the Kentucky Dermatological Association, the University of Louisville Spring meeting and the American Academy of Dermatology meetings.

b. Participating in research projects: Residents are required to perform one IRB approved research study or three case reports. The protocol and the details of the investigation should be discussed with one attending. These manuscripts must be completed and ready for submission by January 15 of the resident's 3rd year. The resident will be responsible for possible corrections and re-submission even after they have graduated from the program. Should a resident fail to complete the research requirement by January 15th of their graduating year, the program director reserves the right to withhold time of completion of the residency, which could possibly delay eligibility to sit for the certifying examination of the American Board of Dermatology.

c.

Faculty Meeting -- The senior residents will participate in the regular faculty meetings of the division. All residents are encouraged to attend.

Patient Care -- The residents are responsible for the care and management of patients in the clinics, offices, and hospitals. They must keep clear and complete medical records under the guidance and supervision of the attending staff, following the guidelines and regulations that apply in the Division, Department, and School of Medicine.

Attendance – At all clinics, rounds, conferences and meetings is mandatory. The residents are expected to be punctual, courteous, and hard-working. Residents are expected to remain on duty until all work is finished. Residents also must submit the EAR for the VA to Dr. Schadt by first day of the consecutive month (e.g. EAR for June be submitted by July 1st).

Vacation Days – In accordance with University policy, four weeks of vacation are allowed for each resident, not including University of Louisville acknowledged holidays (4th of July, Labor Day, Thanksgiving, Christmas, New Year's, and Memorial Day). Personal days, and maternity leave are included within this allotment. Vacations will be scheduled as four 1-week blocks at the beginning of the Academic year. Vacations should be scheduled so that no more than two residents are away at the same time. Except for extraordinary circumstances, vacation/leave is not permitted during the following times – Kentucky Dermatology meeting, Spring Meeting, visiting professor sessions, and resident applicant interview days. Vacations are not permitted during July and the last two weeks of June. Senior residents transitioning to another program for fellowship may request approval from Dr. Schadt to be allowed to take vacation in June as "terminal vacation" as long as they have unused vacation days.

Vacation is managed by the chief residents with oversight by the program director. Attempts will be made to distribute vacation evenly (two weeks per "semester"). Vacation will be scheduled prior to the start of the academic year to allow for the VA continuity clinics to be scheduled. If residents have outstanding circumstances that require them to schedule vacation differently than our policies they should be submitted as a written request via email to the chief residents or Dr. Callen/Dr. Schadt and will be taken into consideration. The vacation schedule must be sent to the program director and coordinator at the beginning of the academic year and whenever any changes occur. The vacation schedule will be included in the master schedule, which also includes clinic coverage.

Effective July 1, 2023, the University of Louisville Parental Leave Policy will include six weeks of paid leave provided by the GME office, separate from the trainee's vacation days or PD discretionary leave. Of note, utilizing this amount of leave may result in a lengthening of the time needed to complete the requirements for eligibility to sit for the certifying examination of the American Board of Dermatology. Per the American Board of Dermatology: Any resident who has been absent more than eight weeks (6 weeks leave + 2 weeks vacation) in one given year or 16 weeks (80 weekdays) over three years and whose performance has not been uniformly above average or excellent throughout residency training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time.

B. Policy on Resident Supervision

POLICY ON RESIDENT SUPERVISION
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION PROGRAMS

Individual residency training programs are responsible for establishing written guidelines for resident training and supervision, which are consistent with the program's Residency Review Committee (RRC) requirements.

The Office of Graduate Medical Education of the University of Louisville, School of Medicine is, in turn, required by the Accreditation Council of Graduate Medical Education (ACGME) to ensure that the individual training program's policy, and practice, are in compliance with both the RRC and ACGME requirements**. Failure to adhere to these requirements may result in loss of accreditation of the training program and/or institution.**

1. It is the responsibility of the program directors and coordinators of resident training programs to know, and to adhere to, the training program's specific RRC requirements for resident supervision.
2. Residents must be appropriately supervised by teaching staff at all times and in such a way that the individual resident is allowed to assume progressively increasing responsibilities according to their level of education, ability, and experience. The teaching staff of the respective program is responsible for determining the level of responsibility accorded each resident.
    1. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
    2. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
    3. In particular, PGY-(2) residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-(2) residents progress to be supervised indirectly, with direct supervision available.]
3. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. **However, at no time should the resident not have access to a supervisory attending.**
4. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
5. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision from the ACGME Common Program Requirement effective July 1, 2011:
    1. <u>Direct Supervision</u> – the supervising physician is physically present with the resident during the key portions of the patient interaction.
    2. <u>Indirect Supervision with direct supervision immediately available</u> – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to provide Direct Supervision.
    3. <u>Indirect Supervision with direct supervision available</u> – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
    4. <u>Oversight</u> – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
6. Residency programs are responsible for creating a periodic call schedule, which clearly identifies the primary on-call resident and the appropriate chain of supervision, including the name of the supervisory attending physician. The schedule should contain pertinent information (telephone number, beeper/pager number, etc.) necessary to quickly and efficiently contact the

members in the chain of command. Copies of the call schedule should be available to the residents and the key personnel at the training sites (clinics, hospital operators, etc.). It is the responsibility of the residency program to keep the call schedule current and accurate.

7. Residents should be informed that if they are at anytime concerned about the availability or level of supervision, they should contact their residency program director, division chief, the departmental chairperson, the Associate Dean for Educational and Work Environment, the Resident ombudsman to the Subcommittee on Resident Educational and Work Environment, or the office of Graduate Medical Education of the University of Louisville School of Medicine.
8. Compliance with the RRC's requirements for resident supervision must be attested to in the periodic internal review. (See Policy on Internal Review of Residency Programs). In addition, all programs must submit a copy of their written policy on Resident Supervision to the Office of Graduate Education. The office of GME must receive copies of any changes to this document.

Dermatology Specific Details on Resident Supervision:

1. Residents are supervised at all times during rotations.
2. As the resident progresses through the program, they assume a greater role in directing care, but at all times teaching/attending staff are immediately available for consultation.
3. Clinics at the VAMC Health Center are staffed by 1 attending on a rotational basis. Two to five dermatology residents are assigned to these clinics. The Audubon Clinics are staffed by Drs. Schadt, Owen, Strickley, Hayden, and Callen. Pediatric Dermatology Clinic is staffed by Dr. Patricia Todd.
4. Private office rotations and dermatopathology experience is on a 1 to 1 or 2 to 1 basis of resident to faculty.
5. Conferences including the bimonthly journal club and patient diagnostic conference, dermatopathology conference, and Friday noon conference are often attended by multiple faculty members and are interactive.
6. A book review is undertaken by the residents without faculty participation, unless specifically requested by the residents.
7. A call schedule for after-hours consultative coverage, or staff coverage for the inpatient service is made available to all residents. Lack of staff supervision or repeated absences or tardiness by a member of the faculty is to be reported to the training program director or the office of Graduate Medical Education and will result in discussions to rectify the problem or removal of the individual from future schedules.
8. Residents may see patients in hospitals affiliated with the University of Louisville prior to a faculty member, but faculty must see all patients within 24 hours of the consultation with rare exceptions including patients for whom the

consultation is initiated at the time of the patient's discharge from the hospital. In these rare instances the resident should discuss the patient with the faculty member on call and plans for appropriate follow-up should be made. The use of HIPPA compliant technology such as "FaceTime" is encouraged for patients that might be seen in an ER or just prior to discharge from the hospital.

9. Faculty or resident direct observation of the signs and symptoms of stress, fatigue, substance abuse, or mental health disorder are discussed and confidentially addressed individually by the Program Director. Some examples include irritability, distractibility, social isolation, rapid weight shifts, excessive sleepiness; lack of interest in educational offerings; shift tardiness, acute clinical decision-making difficulty. Direct resident feedback regarding resident stressors is sought via biannual evaluations of rotations, at the semi-annual performance review, and review of the program's ACGME resident survey results. The Program Director will refer/cooperate with the resident involvement in Kentucky Physician Health Foundation, The Counseling Center, and other health services as the need arises.

C. Resident Duty Hours

POLICY ON RESIDENT DUTY HOURS
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION PROGRAM

PART I

The Accreditation Council on Graduate Medical Education (ACGME) has charged sponsoring institutions, in this case the University of Louisville School of Medicine, with ensuring that formal written policies governing resident duty hours be established at both the institutional and program level.

1. Each sponsored training program at the U of L School of Medicine must have a formal, written policy on resident duty hours. The written policy must be provided to all residents and faculty. The policy must foster resident education, facilitate patient care, and be consistent with the current published institutional and program requirements of the specialties and subspecialties that apply to each program. The policy must cover all institutions to which residents rotate. In the event an individual RRC publishes standards which differ from those stated in this policy, the program should follow its published RRC standards.

2. Resident duty hours must not exceed 80 hours per week averaged over four weeks which is inclusive of all in-house call activities and all moonlighting. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.

3. PGY-1 residents should have 10 hours and must have eight hours off for rest and personal activities between duty periods. Intermediate level residents should have 10 hours free of duty and must have eight hours between scheduled duty periods. Residents in their final years must have 8 hours free of duty between scheduled duty periods. All residents must have 14 hours off duty following a 24 hour call. Residents in the final years of education (as defined by the Review Committee) should have eight hours free of duty between scheduled duty periods, but there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. This should be monitored by the Program Director.

4. In-house call must occur no more frequently than every third night, averaged over a four-week period. Residents must not be scheduled for more than six consecutive nights of night float responsibility.

5. Duty periods of PGY-1 residents must not exceed 16 hours duration. Resident assignments at the PGY-2 level and above must not exceed 24 hours maximum continuous on-site duty with up to 4 additional hours permitted for patient transfer and other activities defined in RRC requirements. There must be no new patients assigned after 24 hours of continuous duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. This should be justified by needed continuity of care in a critically ill patient, academic importance of an event or humanistic attention to the needs of a patient or family. The resident must hand over care of all other patients to the team responsible for continuity of care and then document the reasons for remaining. This documentation should be submitted to the Program Director for every instance of overage. The Program Director must review each submission of additional service and track both individual resident and program-wide episodes.

6. Resident time spent in the hospital during at-home call must be counted toward the 80 hours. At-home call, defined as call taken from outside the assigned institution by pager or phone, is not subject to the every 3rd night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for residents.

7. Program Directors must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Resident moonlighting must be approved in advance and monitored by the program director. Programs must

implement mechanisms to monitor resident moonlighting to ensure compliance with both program and institutional policies. All moonlighting that occurs both within the residency program and/or the sponsoring institution or outside the sponsoring institution must be counted toward the 80-hour weekly limit on duty hours. PGY-1 residents are not permitted to moonlight.

8. All residents, including those assigned at-home call, must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At home call cannot be assigned on these days.

9. Residents are required to enter hours weekly in the Medhub. Duty hours must be monitored by the program to assure compliance with ACGME requirements. Institutional mechanisms for monitoring duty hours will include the internal review process and review of weekly duty hours entered by the residents in NI. Further oversight at the institutional level will be provided by the Committee for Resident Education and Work Environment which is a sub-committee of the GMEC. Part III of this policy addresses the role of the committee.

10. Program Directors must monitor resident stress and fatigue and develop policies for educating faculty and residents to recognize the signs of stress and fatigue and for dealing with residents identified as stressed or fatigued.

11. Residents must at all times have appropriate support and supervision in accordance with current published ACGME institutional and program requirements and with the School of Medicine GME Policy on Resident Supervision. Programs must ensure that residents are provided appropriate back-up support when patient care responsibilities are particularly difficult or prolonged. Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

12. The Graduate Medical Education Committee is responsible for and has established procedures for reviewing requests for exceptions to the weekly duty hours limits of up to 10 percent or a maximum of 88 hours. Requests must be justified on educational grounds and must be approved by the GMEC before consideration by the appropriate Residency Review Committee.

13. The GME Office will conduct quarterly time audits (August, November, February, and May) in order to provide our teaching hospitals the duty hours documentation required for Medicare reimbursement.

PART II - ACADEMIC PROBATION FOR FAILURE TO LOG DUTY HOURS

All residents/fellows who sign contracts through the GME Office are required to enter their duty hours in the Medhub system weekly. Residents/fellows who are found in violation of this requirement will be recommended for academic probation. The process for this recommendation is as follows:

1. The GME Office will generate an“ hours logged” report for each program the first week of each month that will show which residents/fellows have not logged hours for the previous month (i.e., a report of residents/fellows who have not logged hours for December will be run the first week of January).

2. These reports will be faxed to the appropriate Program Directors by the 10th of each month. Program Directors or Coordinators are responsible for notifying the residents of the impending probationary action.

3. Once the reports are distributed, residents will be given until the 15th to enter the missing hours. The GME Office will provide the appropriate Program Directors with an updated report at the monthly GMEC meeting.

4. If the resident/fellow has not entered the missing hours by the last day of the month, it will be recommended to the Dean that the resident/fellow be placed on academic probation. A copy of the recommendation will be forwarded to the resident/fellow and the Program Director.

5. Once placed on probation, the resident will be given an additional 7 days to complete the appropriate duty hour entries. If not entered by the end of 7 days, a recommendation for suspension from program activities and payroll will be forwarded to the Dean.

6. Please contact the GME Office if you have any questions or concerns regarding this policy or duty hour entry in NI.

PART III - PROTOCOL FOR ADDRESSING DUTY HOUR VIOLATIONS

The GMEC Subcommittee titled the Resident Educational and Work Environment Subcommittee will meet every other month and as needed. Duty hour or educational environmental concerns will be brought to and addressed by the committee through the following channels:

1. There will be an administrative staff member of the GME office dedicated to duty hour monitoring. The Educational Environment Administrative Assistant (AA) will monitor duty hour exceptions across all programs and report to the Assistant Dean for Oversight of Resident Educational Environment, as well as to the GMEC Subcommittee. This AA will report areas where persistent problems are noted in order for the committee to work with Program Directors, Departments or others to facilitate solutions.

2. The position of Oversight of Resident Educational Environment Officer is an Assistant Dean position within the GME. He/she will receive weekly reports from the Educational Environment AA regarding duty hour exceptions and help identify areas of difficulty within programs. The Oversight of Resident Educational Environment Officer will liaise with the appropriate Program Directors to address system issues interfering with duty hour compliance. The Oversight of Resident Educational Environment Officer will be an ad-hoc member on the GMEC Subcommittee. This position will have the support of the Associate Dean of Graduate Medical Education as well as the Dean of the Medical School.

3. The Oversight of Resident Educational Environment Officer will also serve as the Faculty Duty Hours Ombudsman. Residents can raise duty hour concerns with the Ombudsman anonymously and without fear of intimidation or retaliation.

4. In addition, there will be two peer-elected Resident Ombudsmen, who will sit on the GMEC Subcommittee to provide a further option for residents to raise concerns anonymously. They will be elected by the Resident House Staff Council from a group of volunteers. They must be from separate programs. It is recommended that they be from programs with little shared faculty or rotations.

5. The GMEC Subcommittee will report to the Associate Dean for Graduate Medical Education as well as the GMEC.

6. In the event that recurrent duty hour violations within a program cannot be resolved through the efforts of the Program Director and Oversight of Resident Educational Environment Officer, the GMEC Subcommittee will meet to investigate and address problems with the support of the Associate Dean for Graduate Medical Education.

7. In addition to monitoring duty hour compliance, the GMEC subcommittee will also monitor resident work environment by reviewing each program's Annual Resident Survey (ARS) from the ACGME and each program's Annual Program Review (APR). An aggregate report of the results of both the survey and the APR will be submitted to the Subcommittee. The survey information will be compared to the University as a whole as well as the specialty national aggregate data and the overall national aggregate data. The APR will be reviewed for all of the required components as well as the responsiveness of the program to

key issues that were noted by residents and faculty. Each program will be required to create an action plan within the report. The Oversight of Resident Educational Environment Officer and the GMEC subcommittee will monitor progress in completion of the action plans. If needed, they will provide support and advocacy on behalf of the residents and/or program director as they work toward achieving appropriate service-education balance and creating a welcoming educational milieu.

Dermatology Program Duty Hour Specifics

1. Resident duty hours vary depending upon the rotation to which they are assigned. The dermatology program is primarily an outpatient experience. Night call is taken from home, and it is rare that residents are required to spend more than an hour answering "after hours" calls from the University of Louisville Hospital, Norton Children's Hospital, Norton's Hospital, or the Veterans Administration Medical Center.

2. Regular hours are from 8 a.m. to 4 p.m. Monday through Friday. Residents must be available until 4 p.m. or until completion of the last patient.

3. After-hours calls are the responsibility of the 1st and 2nd year residents. Senior residents may cover urgent problems that arise on patients of our full-time faculty during their absence. These patients are usually seen in the offices at 3810 Springhurst Blvd, but might be seen in the ER setting. Faculty is available for consultation on these patients. As noted above, time spent in the hospital during at-home call must be logged into Medhub and counted toward the 80-hour per week limit.

4. A published schedule for each rotation is provided to all residents and is revised by the residents and the program director at least annually and is distributed to each resident.

5. Residents are required to enter all duty hours, including moonlighting, weekly in the Medhub system.

D. Policy on Resident Moonlighting and Extra Duty Pay (Revised and Adopted 2015)

1. Moonlighting is defined, per the ACGME, as voluntary compensated medically related work performed inside (internal) or outside (external) the institution where the resident is currently training. At the University of Louisville Extra Duty Pay is a specific form of internal moonlighting whereby a resident or fellow voluntarily assumes additional call or service responsibilities with the parameters

of his or her training program for additional compensation. (It is the only form of moonlighting that J-1 visa holders are permitted to do).

2. Programs must not require residents to participate in moonlighting activities.

3. Moonlighting activities must not interfere with the resident's ability to achieve the goals and objectives of the educational program, or obligations to the University. It must not impair the effectiveness of the educational program, or cause detriment to, the service and reputation of the hospital to which the resident is assigned.

4. Resident physicians beyond the PGY-1 year shall be free to use off-duty hours to moonlight so long as the resident follows program procedures for obtaining the prior written approval of the Department Chair or Program Director for such outside employment activities.

5. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. Moonlighting hours must be entered into Medhub along with normal duty hours.

6. Residents who wish to moonlight must hold either a Regular or Residency Training license in Kentucky. Resident Training (RT) licenses permit moonlighting only in locations authorized and approved by the resident's Program Director. Institutional Practice (IP) and Fellowship Training (FT) licenses are valid only for duties associated with the University training program for which these licenses are issued, and do not cover moonlighting of any type.

7. The Division of Dermatology does not require residents to participate in outside employment activities (moonlighting).

8. The University does not provide professional liability insurance or any other insurance or coverage for resident off-duty activities or employment, and assumes no liability or responsibility for such activities or employment. Confirmation of professional liability insurance for resident off-duty activities or employment will be the responsibility of the moonlighting employer.

Residents are not to represent themselves to moonlighting employers as being fully trained in their specialty.

Residents who moonlight are not to present themselves as agents of the University of Louisville during moonlighting activities. University lab coats, name badges, and identification cards are not to be worn outside of the resident's training program activities.

It is the resident's responsibility to assure the billing procedures of the moonlighting employer are conducted in an ethical and legal manner.

9. Program directors are required to monitor and approve in writing moonlighting hours and locations for residents and maintain this information in the resident's file. Programs are encouraged to monitor all individual resident moonlighting hours to assure outside activity does not contribute to excess fatigue or detrimental educational performance.

10. Residents are required to comply with ACGME, institutional and individual program policies. Residents found to be in violation of this policy will be subject to disciplinary action as detailed in the University of Louisville School of Medicine Resident Agreement.

11. Except as described in paragraph 1, Residents sponsored on J1 visas are not allowed to moonlight or earn any income outside of the stipend stipulated in the resident's house staff contract.

12. Resident who are on probation are not allowed to participate in moonlighting activities.

E. **Resident Stress and Fatigue Monitoring Policy: Division of Dermatology**

Fatigue and its role in medical errors are regarded as a challenge to providing quality medical training and care. As such, prevention of fatigue, its recognition, and early recognition of professional and personal stress reactions are regarded as critical to safe and effective practice of our specialty.

Prevention Strategies:

- ♦Moonlighting time is restricted.
- ♦Didactic education on the signs and symptoms of substance abuse is provided.
- ♦Workplace harassment policies and procedures are reviewed.
- ♦Dermatology faculty promotes the culture of healthy lifestyle and shared responsibility.

Monitoring Strategies:

♦The Program Director reviews planned work schedules and moonlighting schedules to assure duty hour requirements are met and circadian scheduling principles are demonstrated.
♦House-staff have a responsibility to communicate off-service rotation schedules believed to be out of compliance with the ACGME eighty-hour workweek over four weeks on average.
♦Faculty or resident direct observation of the signs and symptoms of fatigue, substance abuse, or mental health disorder are discussed and confidentially addressed individually by the Program Director. Some examples include irritability, distractibility, social isolation, rapid weight shifts, excessive sleepiness; lack of interest in educational offerings; shift tardiness, acute clinical decision-making difficulty.
♦Trainees may be exposed to situations that may affect their emotional constitution, including drug or alcohol-related activities. The Division will assist in providing psychological counseling and support.
♦Direct resident feedback regarding resident stressors is sought via biannual evaluations of rotations, at the semi-annual performance review, and review of the program's ACGME resident survey results.
♦The Program Director will refer/cooperate with the resident involvement in Kentucky physician Health Foundation, The Counseling Center, and other health services as the need arises.

F. **Policy on Promotions and Due Process**

The Division of Dermatology of the University of Louisville School of Medicine has set standards for achievement and performance to evaluate Dermatology residents and to promote those who are progressing satisfactorily, and, ultimately, to attest to their having met the criteria established by the faculty for completion of their educational program. The faculty have the responsibility of identifying residents whose progress is unsatisfactory, to take appropriate actions to correct unsatisfactory achievement and performance, and to dismiss residents who do not meet the faculty's criteria for promotion or completion of their educational program.

G. **Policy on the Process of Evaluation**

The Division of Dermatology continuously evaluates the residents. Written evaluations are performed biannually and are forms that are provided by the ACGME that specifically assesses milestones. The resident is asked to first complete this evaluation of his/her milestones that will then be reviewed by the Clinical Competency Committee. This committee will compare the resident evaluation with their own evaluation and develop a consensus as to where they feel that this resident falls within the different milestones and

offer comments to support that consensus. Evaluations are discussed with the resident by the Chief of the Division of Dermatology. The house officer must sign each evaluation as acknowledgement of his/her observed performance. Feedback, oral or written is encouraged. In cases of severe deficiencies, the case is discussed at the faculty bi-monthly meeting in order to take the corresponding action. The evaluation includes measures to assess the resident's competence in medical knowledge, patient care, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice. These evaluations are in line with the Milestones established by the ACGME. Annually, each resident is to select a case for a self-assessment exercise and identify the problems encountered and what was learned from the case. This should be sent to the program director prior to the year end meeting (See form – Appendix). All evaluations will be kept in the permanent record of each house staff member. The house staff will have access to his/her file. The house staff member will have the opportunity to discuss his/her case with the Chief of the Division of Dermatology. Adequate supervision, counseling, and the means for remedial experience are provided, and periodic reassessment of the case will be done. Documentation of actions, communications, and progress are included in the house officer's file.

H. Evaluation of Training Program

Once a year, the educational effectiveness of the Program is evaluated in a faculty meeting using the following parameters:
♦Program Evaluation by Residents –This evaluation should be performed annually and should be anonymous to facilitate feedback to the faculty and program administration. ♦Faculty Evaluation by Residents – They should evaluate the interest and commitment of the faculty in the education of residents, the clinical and teaching abilities, and the support that they give to meet the goals and objectives of the program.
♦Performance of graduates in certifying examination of the American Board of Dermatology.
♦Performance of residents on the in-training examinations.

I. Resident Selection Policy and Process

POLICY ON RESIDENT SELECTION

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION PROGRAMS

The sponsored residency training programs of the University of Louisville School of Medicine exist for the purpose of training the highest quality physician possible in each program's respective discipline. The following is the official policy for the selection of candidates for training. This policy is consistent with the Accreditation Council on Graduate Medical Education (ACGME) Institutional Requirements and the Commonwealth of Kentucky Medical and Osteopathic Practice Act Regulations and Statutes. Program directors and coordinators should also be familiar with the "Medical Licensure Policy for Residents" published in the Resident Policies and Procedures manual. Program directors and coordinators are strongly encouraged to call the Office of Graduate Medical Education if questions, problems or uncertainty arise.

1. Resident Eligibility

   Applicants with one of the following qualifications are eligible for appointment to accredited residency programs at the University of Louisville School of Medicine.

   a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

   b. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).

   c. Graduates of medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG). In addition, as of the 2009-2010 academic year, schools located outside the U.S. and Canada must:
      1. Be officially recognized in good standing in the country where they are located
      2. Be registered as a medical school, college, or university in the International Medical Education Directory
      3. Require that all courses must be completed by physical on-site attendance in the country in which the school is chartered.
      4. Possess a basic course of clinical and classroom medical instruction that is
         a. not less than 32 months in length; and
         b. under the educational institution's direct authority.

   d. Graduates from accredited dental schools who are enrolled in oral-maxillofacial surgery and general practice dentistry (GPR) programs. These programs are accredited by the Council on Dental Accreditation of the American Dental Association but are under the general auspices of the University of Louisville School of Medicine Graduate Medical Education Programs. Candidates must obtain dental licensure through the Kentucky Board of Dentistry.

2. Resident Selection
   a. Programs should select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection. Personal interviews prior to selection are strongly encouraged.

   b. In selecting from among qualified applicants for first-year positions, sponsored programs must participate in the National Resident Matching Program (NRMP) when it is available.

   c. In selecting from among eligible applicants for positions other than the first-year positions, programs should select the most qualified candidates as listed in 2.a. above. Appointment to PGY2 (and above) positions is contingent upon candidates being issued Kentucky medical licenses prior to the beginning of the training year.

3. Non-US Citizens
   a. Applicants who are not citizens of the United States must possess or be eligible for one of the following:
      - J1 Clinical Visa
      - Valid Employment Authorization Document
      - Valid Permanent Resident Card

   b. The following are not accepted for residency or fellowship training:
      - J1 Research Visa
      - J2 Dependent Visa
      - H1B Visa

   c. Individual programs may limit the amount of time they will hold a position open for applicants to obtain appropriate immigration status.

All resident selection must be made without unlawful discrimination in terms of age, color, disability status, national origin, race, religion or sex, in keeping with University of Louisville standards as an Affirmative Action/Equal Opportunity employer.

The enrollment of non-eligible residents may be cause for withdrawal of accreditation of the involved program and/or the sponsoring institution.

Dermatology Program Specifics on Resident Selection:

♦ Information about the program is sent by request to a potential applicant. The policy of applying for and being accepted into a dermatology residency at the University of Louisville is a multistage process. All applications are electronic through the NRMP (ERAS – Electronic Residency Application System).
♦ Only completed application forms are reviewed. A complete application form consists of the application form, letters of recommendation, an official dean's letter from an accredited medical school (or its equivalent), a personal statement, an official medical school (or its equivalent) transcript, and evidence of successful completion of USMLE Step I and/or ECFMG.
♦ Minimal standards for selection for an interview include graduation or anticipated graduation from an accredited medical school or school of osteopathy. Demonstration of academic proficiency by at least one of the following measures – board scores in the 75TH percentile or higher, induction into AOA as a junior or senior medical student, publication of more than one paper in a peer-reviewed journal or an equivalent electronic format and/or advanced training in epidemiology, outcomes research, or clinical research are taken into consideration though not required for selection.
♦ Completed applications are reviewed by a committee consisting of dermatology residents and at least one faculty member. The decision to offer an interview is based upon the committee's review of the relative strength of the application which includes a review of each part of the completed application.
♦ Interviews are offered to roughly 5-10% of those who have completed an application. Interviews are conducted by several faculty and residents.
♦ Following the interview, the committee gathers to weigh the relative strength of the group of candidates interviewed and rank order is formulated for submission to the National Residency Matching Program (NRMP).

J. Guidelines for Answering Consultations and Caring for Inpatients

All residents are required to complete the necessary number of days of pager call (not including the 1st year VA pager) in order to be equitable among all residents. The majority of this call will be completed during the second year of dermatology residency, with some

overlap in first and third years. If the on-call residents are away at a meeting or away on maternity leave, a PGY-2 will cover the pager and those days will count towards the PGY-2's total number of days.

Consultations may come from several sources. Dermatology consults from Norton Children's Hospital (downtown location), Norton Hospital (downtown location and Norton Audubon), the VA and University Hospital are placed through the resident.

When Associates in Dermatology is asked to see a patient, it is at the discretion of the attending physician whether or not to involve the residents; however, the ultimate responsibility for the patient remains with the faculty member. Residents may see such a patient in advance of the faculty member, but the faculty member should ideally see the patient on the same day and with the resident if possible, to maximize the potential teaching benefit for the resident. Residents may follow the patient with the faculty member. Residents are available for any of the medical center hospitals but may not have privileges or malpractice coverage for the outlying hospitals (e.g., , Baptist East). They may go along with an attending that has privileges at those institutions. Charges for these patients should be reflective of the attending physician's involvement, not those of the resident.

When the consultation is directed to the residency program, the attending physician is still responsible for the care of the patient. This is true whether or not the patient has insurance. Thus the interaction of the attending and the resident should be identical to that described above, except that in most cases the resident will precede the attending in the evaluation of the patient. Again, the faculty member covering these consults should make every effort to see the patient on the same day or at least within 24 hours of the time that the consultation was requested. The attending physician's practice group should create a chart and documentation of attending involvement within the chart should parallel that of the official hospital record.

K. Transition of Care Protocol

Dermatology training is primarily conducted in an outpatient setting with consultations being offered to inpatients as requested by other services (e.g. internal medicine, pediatrics, surgery, etc.). As such the handoff from one resident to the next does not involve direct primary care for patients and occurs in the context of follow-up consultative services. A copy of the consultant's note is available to the resident assuming follow-up on the patient and discussion of what issues of care and testing are needed to be followed ensues prior to the acceptance of care by the second resident. For the inpatient setting, the on-call resident must follow up all pertinent labs and skin biopsies performed and "close the loop" with the consulting team. The resident and attending must determine the frequency of necessary follow-up for in-patient consults who remain in the hospital. Residents must provide appropriate sign-out on

all consultations still in-patient when completing call time to the incoming consult resident. Furthermore, attending faculty must also provide sign-out to faculty.

L. Cosmetic Samples for Residency Training
Residents are responsible for obtaining cosmetic samples from Allergan Samples for Teaching in Aesthetic Residency Training (START) Program quarterly. The program director will sign off on the order form and samples will be delivered to Dana Seger at AID. All samples will be kept in a locked refrigerator in a secure location monitored by Dana Seger. Samples are to be used by the residents only for training purposes on friends, family, and/or staff. The residents must be supervised by an attending, and all encounters must include obtaining consent and documenting in ModMed. The samples can be taken out of AID and brought to another clinic (Cassis) for training purposes. Samples must be signed out and a log will be kept by Dana Seger and appointed chief residents.

IV. PROCEDURES

A. Clinic Attending Notification

Annual schedules are prepared in the spring and finalized by May. However, since changes regularly occur, the residency program coordinator will email the clinic schedule to the faculty prior to the beginning of each month. It is each attending physician's responsibility to check the schedule and attend their assigned clinics and to make and confirm any alterations as soon as they are known.

B. Grand Rounds

Dr. Callen must be notified of all virtual patients presented at Grand Rounds in a timely manner. Residents are encouraged to present interesting cases seen in their clinics, in addition to faculty. If the patient has had a biopsy, notify Dr. Fearneyhough, Dr. Sonnier, Dr. Malone, Dr. Burch, Dr. Haeberle or Dr. Bahrami so that they may prepare photos of the patient's biopsy prior to the conference.

C. Travel to meetings

1. All airfare to meetings must be booked through UofL utilizing the Concur app. (Is hotel booked through this as well?)
2. Save ALL receipts including (1) hotel bill (2) transportation to and from airport. Please submit these to be paid within 48 hours of return. Original receipts (not copies) are important for reimbursement purposes.

3. What is reimbursed?
   - Coach airfare (either prepaid through Concur)
   - Hotel: Single rate only.
   - Meals: A daily allowance is provided. No receipts are needed.

- For all meetings (no reimbursement if a meal is provided by the meeting or is bought for the resident by a faculty member or another entity):
- Breakfast: $10, Not included if you leave Louisville at 8:30 or later
- Lunch $15
- Dinner $50, Not included if you arrive at Louisville 7:00 or earlier

   - Transportation cost to and from meeting. Rental cars are only reimbursed if pre-approved.
   - Meeting registration and course fees are either pre-paid or reimbursed.

3. What is NOT reimbursed?
   - Transportation to and from Louisville International Airport
   - Parking at the Louisville airport
   - Personal items
   - Telephone calls
   - Meals beyond the allowance
   - Cost for hotel room for spouse
   - House or baby-sitters

4. University of Louisville Dermatology credit card can NOT be used to make any lodging/hotel reservations or accommodations. If a meeting registration is coupled with hotel accommodations or reservations, then you can

NOT use the department credit card or the central billing card. Note: the AAD meetings often couple meeting registration with hotel reservation.

D. **Clinics**

1. *Audubon clinic:* - Thursday 8AM-4:30 pm. All biopsies performed by the resident should be reviewed (Monday mornings). Each resident is responsible for individual 'Tasks' that are assigned electronically, mainly pertaining to refill requests, reviewing lab tests, and signing off on biopsy results. Residents are responsible for documentation, and must be prepared to see patients without a scribe in this clinic. The EMR is Modernizing Medicine. Residents are responsible for encouraging and directing patients to schedule follow up in their clinic to ensure as much continuity as possible.

2. *VA Clinic* - Monday 1- 4 pm, Tuesday 1 – 4 pm, Wednesday 8 am - 12 noon, Friday 8– 11:45am. Saturday morning and afternoon (optional and dependent on need for dermatology services by the VAMC, appropriate support staff provided by the VAMC and an attending physician to supervise the clinic). For procedures, consent is obtained in CPRS for the procedure and for photography (if needed for site identification or educational purposes) and a specimen form is completed for submission to the VA pathology department. For each patient visit, a clinic note along with the encounter is completed by the resident. All forms and notes are filled out on the computer immediately after seeing the patient. Residents attend an orientation class at the beginning of each year to learn how to use the VA computer system. Each individual resident is responsible for recording all biopsy specimens in the computerized log. First year residents are responsible for delivering biopsy specimens to the lab at the end of each clinic.

   The Tuesday afternoon clinic functions as a "continuity clinic" that is staffed by Drs. Schadt, Burch or Strickley and allows residents to develop long-term relationships with patients. Set groups of 2 residents alternate in this clinic on a biweekly basis. When a resident is scheduled in this clinic, he/she is pulled from any other scheduled assignment but is expected to return to that assignment upon completion of their continuity clinic.

   All biopsies are reviewed on Monday mornings with Drs. Malone and/or Bahrami. Each resident will email their slide requests to the first year covering the VA by Tuesday evening so they can pass them along to the VA pathology office by Wednesday morning. First year residents are responsible for picking up slides from the VA pathology office to

review (generally on Friday morning). Not all slides are given to us by the VA, and it is the responsibility of each resident to ensure that each of their biopsies is reviewed appropriately. Once reviewed, each resident is responsible for documenting the results of the biopsy and the future plan for the patient based on the biopsy results in the VA computer system (CPRS). Complete a 'Biopsy Follow-Up' note in CPRS and contact the patient with results no more than 2 weeks following the biopsy, regardless of dermatopathology's read, per VA protocol.

If a discrepancy is noted between the VA pathology department and the dermatopathologist, a paper discrepancy form will be submitted to the VA and the pathologist will be added as a co-signer to the biopsy follow-up note in CPRS and correspondence between the pathologist will take place to resolve any differences. Residents are responsible for following-up to ensure that an addendum is placed by VA pathology on the official pathology report to reflect concordance in histologic findings and diagnosis so that appropriate treatment can be performed.

Options for treatment of skin cancers at the VA include resident sterile surgery or referrals to VA plastic surgery clinic, VA ENT clinic, VA general surgery clinic or Mohs surgery (as a fee-based consult). Referral to Plastic Surgery at the VA: In CPRS, under the consult tab, select 'Plastic surgery Skin clinic (placed by Dermatology only)' and complete the template. If you discuss all options with the patient and they prefer Mohs surgery, you may give them the names of Mohs surgeons in town and allow them to schedule it. Make sure they understand their out-of-pocket costs when discussing this option. Certified letters may be sent to patients when communication is not feasible via telephone, a patient has missed consult appointments, and/or fails to pursue the recommended treatment plan. It is the responsibility of each resident to ensure that adequate treatment is completed for each site even after referral is placed and documenting biopsy results with a specific treatment plan is important.

Resident Sterile Surgeries occur usually three tiimes per month (either Tuesday or Friday). These are set up on a case-by-case basis. After discussing the indicated procedure with the patient, the patient is scheduled via a schedule maintained by our nurse, Jessica Wilkerson. Residents must message Jessica in CPRS to ensure timely scheduling. Residents must personally call all surgical cases at least 1 week in advance to confirm their appointment. This will allow for potential cancellations to be filled with other patients in need of surgery. First year residents should approve sterile surgeries with an upper-level resident prior to scheduling. If the patient is on coumadin, it is the scheduling resident's responsibility to instruct (and place laboratory order) the patient to have an INR drawn the morning of the surgery but to continue to take his medications as prescribed. Only aspirin taken for primary prevention should be discontinued (do not hold aspirin in any patient who has a history of cardiac or vascular event). Surgery dates are

recorded with patient name, last four of social, surgical site/diagnosis, presence of anticoagulation products or cardiac device and initials of scheduling resident.

We have narrowband UVB and PDT at the VA.

Patch testing may be performed using the True Test, but patients that need more extensive testing may be referred to. Fill out a Medicine-Fee based consult form and specify that the patient needs "Patch-testing, not prick testing". The consult will need to state specifically that only one practice in town offers this extended patch testing. Once approved, a consult ID number is assigned. The VA administrative office will schedule the consult for the patient.

3. *Norton Children's Hospital Pediatric Dermatology Clinic*: 1 resident at a time will rotate with Dr. Todd, and her clinic times include Wednesday, Thursday, and Friday mornings.
411 East Chestnut Street, Level 7

E. RESIDENT SCHEDULES

The following are the basic schedules. The schedule will vary during elective months and times of vacation. In general, first year residents are "pulled" to cover rotations.

1. First Year Schedule

Dermatopathology

Each first year resident is scheduled for dermatopathology sessions (1-2 dermatopathology sessions per week).

For the "unknown" dermatopathology conference once a month on Tuesday morning, the unknown slides are selected Tuesday or Wednesday before the conference by the dermatopathologist responsible for the conference the following week. For the Monday morning dermatopathology conference, a first year resident will collect slides from the Pathology office at the VA for review by all the residents and Drs. Malone or Bahrami. The slides to be reviewed from the VA must be requested from the VA Pathology office

on a weekly basis by submitting the specimen accession numbers. Each resident is responsible for requesting his or her own slides for review, though the first year resident may submit the slide request list for all the residents as a single list (at the preference of the VA pathology office).

CLINICS

At all clinics except the VA, all patients should be staffed with the attending physician. At the VA, first-year residents are required to check out all patients in the first six months with either the attending or an upper level resident.

VA Consults & VA Inpatients

First year residents share this pager duty throughout the academic year. Each day of coverage, the resident is to log into the VA computer system (CPRS). This pager is for coverage of the VA Monday-Friday from 8am until 4pm. The consult pager person will cover VA inpatients after 4pm on weekdays and weekends. The resident carrying the VA pager does daily rounds Monday through Friday depending on the patient's status. Call the floor nurse to check for any problems on the weekend day that you don't see the patient.

The medicine office and/or the consulting physician will page with inpatient consults and provide the patient's name, last four, location and reason for the consult. New patients should be briefly presented to the clinic attending. We encourage consults to be done before or after clinic since you will be responsible for evaluating patients during clinic hours. The clinic attending must see every consult patient, write a brief note, and sign the chart. If an emergency consult occurs when we are not scheduled in clinic, call the upper-level resident on consults to discuss the case. The resident is required to fill out a green billing card (kept in the workroom or the ADPAC office) with the ICD-10 code (diagnosis), attending signature, and whether or not a biopsy was performed and submit to the Medicine Office on the 5th floor of the VA. A copy of the billing card and consult note must also be submitted to the CFO of Associates in Dermatology, Charlie McCall, within 48 hours of completing the consult for appropriate billing.

Acute problems occurring "after hours" are the responsibility of the on-call second year resident, and whenever possible, the first-year resident should be involved.

♦*How do I get consent for procedures on incompetent patients*? There may be a family member visiting on a regular basis who is capable of this; the primary team or nursing staff can get the consent if you aren't going to be around next time the family visits. For a

phone consent, first talk to the family member and get consent (the nurse will have the phone number), then call the AOD to tape an instant replay. Of course, there are more special forms to fill out for this type of consent. It is preferred to use the VA computer system to enter consents for biopsies; however, paper consents can be used on the floor for hospitalized patients.

What else at the VA?

♦The phototherapy nurse in POD C administers UVA and narrow band UVB treatments during clinic hours M-W-F. Place a dermatology note in the patient's chart with phototherapy directions.

2. **Second Year Schedule**

Private Office Rotations:

Four-six months of the second year are spent in the private office with Dr. Ashley Brown, Dr. Burruss, Dr. Courtney Schadt, Dr. Jae Jung, Dr. Kartha, and Dr. Callen. The resident may be responsible for the initial evaluation and the electronic medical record note for some patients. Dermatopathology rotations occur with either Dr. Fearneyhough, Sonnier, Burch, one half-day per week.

On-Call Resident

The on-call resident is also responsible for all inpatients (except VA from 8am-4pm): Very rarely, we admit to University, but we cover University, or Norton Children's Hospital downtown, Norton Hospital downtown, and occasionally Norton Audubon. All faculty have privileges at all Norton hospitals, and there may be occasional patients with complex skin conditions whom the resident may be asked to see with faculty. This responsibility will rotate between second year residents. (Each resident in the program must take 180 days of call. Therefore, it is possible that first year residents may start taking call during the end of their academic year and may carry the pager into their third year.) The resident rounds seven days a week if necessary. All progress notes written by the resident should state that the patient was discussed with the attending. The signed consult note should be photocopied or printed and a face sheet collected and emailed to Haylee Pennington to be scanned into EMA and billed appropriately once scanned into EMA. The resident is responsible for keeping track of the number of days completed. It is recommended to date each completed call day.

Members of Associates in Dermatology are the primary attendings responsible for inpatient consults. All consults must be discussed with the attending the same day that the consult is done and should be seen by an attending who will sign the chart. Residents should contact and discuss any patient that we are asked to see with an attending prior to declining our involvement. There are instances when

a call to our service is for the purpose of arranging an outpatient visit. These arrangements may be made without seeing a patient if that is compatible with the desires of the requesting physician/service.
Our residents may be called by Norton Oncologists (Adult or Pediatric) who desire Dr. Jung's input. In these instances the resident should discuss the call with Dr. Jung and it will be up to her discretion to have our official service provide the consultation or if she will accept the consult. At sometimes, Dr. Jung may suggest that residents see patients with interesting or challenging problems. At those times, residents should take advantage of this education opportunity.

Remember to get:
1. A copy of the patient's face sheet for billing purposes (insurance information).
2. The name of the consulting physician should be included in the dermatology consult note for billing purposes. The location of the consult should also be documented (Emergency Dept. vs Inpatient consultation) for billing purposes.
3. A copy of your consult note, procedure note, follow-up notes, biopsy results, labs and orders. Keep track of procedures done and dates of consultation and follow up visits for billing. This information is given to Haylee Pennington every Tuesday and a chart will be made in the electronic medical record (EMA Dermatology). Also a list of consults and diagnoses is to be maintained.
4. Signed consent for photos that are taken. Please use the camera provided to you and store all photos in a secure place, do not use your phone for photos. If taken, photos should be added to the patient's chart in the electronic medical record (EMA Dermatology).

Mohs Micrographic Surgery

Each second year resident will spend four weeks with Dr. Brown observing and assisting with Mohs surgery and other surgical/cosmetic procedures.

3. Third Year Schedule

- *Clinics*- Third-year residents will cover Pediatric Clinic, Audubon Clinics, and VA clinics.
- *Private Rotations*– Dermatopathology with Drs. Fearneyhough, Burch, Sonnier, Malone, and Bahrami. Cosmetics and surgery are performed with Drs. T. Brown, Daniels and Cassis. General dermatology rotations occur with Associates in Dermatology.
    - Chief residents are responsible for providing and grading a dermatologic quiz for each rotating medication student applying in dermatology. While at the VA, they are responsible for teaching medical students and visiting residents.