

Frequently Asked Questions: Dermatopathology
Review Committee for Dermatology
ACGME

Question	Answer
Educational Program	
<p>How does the Review Committee define “direct inspection” in reference to diagnosing skin disorders, and in what contexts does the Review Committee expect fellows will acquire this experience?</p> <p><i>[Program Requirement: IV.A.2.a).(2)]</i></p>	<p>“Direct inspection” refers to the assessment of primary and secondary skin lesions and their distribution on the body surface, resulting in the generation of a reasonable differential diagnosis and a determination of the most likely clinical diagnosis. Fellows who are dermatologists should already have acquired this skill.</p> <p>Fellows who are pathologists will have these same experiences, but will spend 50% of eight months of their 12-month fellowship examining patients in a dermatology clinic setting. In the clinic, direct inspection of lesions may be enhanced by techniques such as dermoscopy and Wood's light examination.</p> <p>Direct inspection related to the examination of gross specimens removed from the patient is more limited in scope, but can also provide useful information. This takes place most often in the grossing room, and would probably be encountered more often by dermatology-educated fellows rotating in surgical pathology. Examples include assessments of irregular pigmentation, hemorrhage, or blistering, each of which may prompt a differential diagnosis or considerations about where sectioning of a specimen should be obtained.</p>
<p>What does the Review Committee expect as far as a fellow’s examination of dermatology patients?</p> <p><i>[Program Requirement: IV.A.3.a).(2).(a)]</i></p>	<p>The Review Committee considers examination to include the following that must be done by the fellow:</p> <ol style="list-style-type: none"> 1. take a history focused on the skin issues; 2. perform a physical examination; 3. perform ancillary tests as indicated, including Wood’s light examination, Tzanck smear, punch, or shave biopsy; 4. write a clinic note; and, 5. review with supervising attending staff to countersign the clinic note.

Question	Answer
<p>What does the Review Committee expect as far as a fellow's examination of pathology specimens?</p> <p><i>[Program Requirement: IV.A.3.a).(3).(a)]</i></p>	<p>For surgical pathology specimens, examination includes:</p> <ol style="list-style-type: none"> 1. gross dissection and dictation, when possible, review of the requisition form, microscopic examination of the specimens, and signing out of specimens with the supervising attending physician; 2. sitting in on sign-outs of specimens that other pathology residents assigned to the surgical pathology service have worked up, or that the pathology resident has grossed in; and, 3. reviewing study sets. <p>For cytopathology specimens, examination includes:</p> <ol style="list-style-type: none"> 1. reviewing and signing out of specimens from those cases to which the fellow is specifically assigned, or from the cases for which the fellow was assigned to review and perform a microscopic examination; 2. sitting in on sign-outs of specimens that other pathology residents or cytopathology fellows have worked up; 3. sitting in on cytopathology QA conferences; and, 4. reviewing study sets in cytopathology.
The Learning and Working Environment	
<p>Who is qualified to supervise fellows in patient care activities?</p> <p><i>[Program Requirement: VI.A.2.a)]</i></p>	<p>In both the clinic setting, where fellows see patients, and in pathology or dermatopathology, where fellows work up and sign out biopsies or excisions, there must be a qualified attending staff physician who reviews and signs off on a fellow's diagnosis and treatment plan or pathology report. Since there is graded responsibility over the fellowship year as competency is documented, the attending physician may exercise indirect and/or possibly oversight supervision.</p>