Roles, Responsibility and Patient Care Activities for Sub-Specialty Trainees

Dermatopathology Fellowship

University of Washington Medical Center

Roles, Responsibilities and Patient Care Activities
Residents are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the Medical Staff (the attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of competency, education, and experience.

Sub-specialty trainees, having completed a residency, are generally referred to as fellows. Fellows in Dermatopathology have either completed a residency in Dermatology or Anatomic Pathology. Fellows are generally engaged in a program of study intended to qualify them for subspecialty board certification.

Fellows are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students. Fellows may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Fellows evaluate patients, obtain the medical history and perform physical examinations. They may develop a differential diagnosis and problem list. Using this information, they develop a plan of care in conjunction with other trainees and the attending. They may document the provision of patient care as required by hospital/clinic policy. They may write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They may interpret the results of laboratory and other diagnostic testing. They may request consultation for diagnostic studies, the evaluation by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed at the bedside, in the operating room or procedure suite under appropriate supervision. Fellows may initiate and coordinate hospital admission and discharge planning. They discuss the patient's status and plan of care with the attending and the team regularly.

All fellows help provide for the educational needs and supervision of any junior residents and medical students.

Supervision of Invasive Procedures
In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a fellow requires supervision, this may be provided by a qualified member of the medical staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by trainees. When there is any doubt about the need for supervision, the fellow should contact the attending.

Fellows in Dermatopathology may be graduates of Dermatology or Anatomic pathology training programs. The supervision required depends upon their previous training.
For fellows who have completed a Dermatology Residency

No supervision required
Dressing changes, suture placement and removal, cryotherapy of skin lesions, anoscopy, skin scrapings for microscopic or microbiologic examination, punch biopsies, shave biopsies, intralesional injections, electrocautery, paring of hyperkeratotic lesions, partial thickness debridement, aspiration or incision and drainage of cutaneous abscesses, excisional biopsies skin lesions, phototherapy prescription, excision/removal of complex lesions or those involving the eye lid, full-thickness debridement.

Note: please see the list of procedures that require supervision for all Dermatopathology fellows below.

For fellows who have not completed a Pathology Residency
The following procedures may be performed with the indicated level of supervision:

Supervision required for the first 2 months of clinical training
Dressing changes, suture removal, cryotherapy of small skin lesions (<5 mm) (except on the face), anoscopy, skin scrapings for microscopic or microbiologic examination.
Cryotherapy of small skin lesions on the face (<5 mm)
Suture placement
Punch biopsies
Shave biopsies
Intralesional injections (except for those on the face)
Electrocautery
Paring of hyperkeratotic lesions
Partial thickness debridement
Cryotherapy therapy for lesions > 5 mm

Supervision required for the first year of clinical training
Intralesional injections (on the face)
Excisional biopsies skin lesions
Phototherapy prescription
Excision/removal of complex lesions or those involving the eye lid
Full-thickness debridement
Aspiration or incision and drainage of abscess

For all Dermatopathology fellows
Supervision always required by a qualified member of the medical staff or qualified fellow
Micrographic surgery
Laser procedures
Cosmetic procedures
Sedation for procedures (AKA conscious sedation)
All other invasive procedures not listed above
Emergency Procedures
It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The trainee may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available. The assistance of more qualified individuals should be requested as soon as practically possible.

Fellow Review and Promotion Process
The fellowship program uses a multifaceted assessment process to determine a fellow's progressive involvement and independence in providing patient care. Fellows are observed directly by the attending staff and their performance reviewed regularly. Formal assessments are generally obtained at the end of each quarter from supervising physicians, students and/or colleagues. These assessments include evaluation of the fellow's clinical judgment, medical knowledge, technical skills, professional attitudes, behavior, and overall ability to provide consultative and diagnostic services. Annually, the program director and fellowship review committee determine if the trainee possesses sufficient training and the proficiency necessary to be promoted to the next level.

Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program following the procedures of the training program’s Policies and Procedures for the Selection, Evaluation, Promotion and Dismissal of Residents and Fellows. If a trainee's clinical activities are restricted (e.g., they require a supervisor’s presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the Medical Director, Department Chair and appropriate medical and hospital staff.

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