

# Micrographic Surgery and Dermatologic Oncology Department of Dermatology

## SCOPE OF PRACTICE PGY-5

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### **Clinical Responsibilities:**

- Dermatologic surgery clinic Monday-Friday starting with the attending's first scheduled patient. Location/Attending schedule to be provided.

### **Teaching Responsibilities:**

- When appropriate, the fellow will provide bedside teaching to the residents and nursing staff.
- At least two lectures to residents on dermatologic surgery during the fellowship year.

### **Call Responsibilities:**

- Back-up call for resident on call, Monday - Friday and every other weekend except when on vacation or at approved meetings.

### **Research Requirement:**

- To complete at least one project during the year under the mentorship of Program Director and/or surgical faculty. Paper to be completed and submitted for publication by April 1.

### **Educational Expectations:**

- The fellow will be expected to acquire and read textbooks relevant to Mohs surgery, reconstructions, cutaneous oncology, laser surgery, sclerotherapy, liposuction, chemical peels, fillers, botulinum toxin, hair transplant surgery, and other topics related to dermatologic surgery and cosmetic dermatology.
- The fellow will also be expected to pull articles relevant to problem cases or interesting cases as well as cases requiring new or unusual approaches to management.
- The fellow will be expected to attend lectures and journal clubs as scheduled by Program Director. He/she will also be expected to attend lectures by outside guest lecturers which pertain to dermatologic surgery and cutaneous oncology. The fellow will organize and lead conferences in dermatologic surgery as detailed in schedule.
- When feasible and applicable, the fellow should attend the weekly Head & Neck Tumor Board and the Melanoma and Cutaneous Tumor Board.
- The fellow should arrange to:
  - spend time with the radiation oncologist
  - observe a neck and parotid dissection

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- observe a sentinel lymph node biopsy from start to finish
- spend time with an oculoplastic surgeon
- spend time with other disciplines, TBD

#### Complication Log:

- The fellow will be expected to keep a complication log on cases in which he/she participated.
- This will be turned in at the end of the year.

#### Surgery Log:

- The fellow will enter **daily** in the ACGME surgery log all cases in which he/she participated. Please see your program coordinator, Cathy Barrus, for your initial password.

#### Record Keeping:

- The fellow, with the assistance of the attending surgeon and resident on the surgery rotation, will make sure the all paper work relating to the surgical cases is completed by the end of each work day.

#### Duty Hours:

- The Micrographic Surgery and Dermatologic Oncology fellowship conforms to the rules set forth by the ACGME regarding duty hours. This is explained in the online GME resident handbook which may be found at [http://siteexec.musc.edu/gme/policies/res\\_duty\\_hours.html](http://siteexec.musc.edu/gme/policies/res_duty_hours.html). Duty hours are to be logged **at least once weekly** on our online resident management system, E\*Value, which you will find at <https://www.e-value.net/>. You should have been given your password during your MUSC computer training. If you were not, please see Cathy Barrus. **Please note that this is not only a program requirement but also a GME one. The GME office will be monitoring your compliance with logging in duty hours.**

#### Capabilities:

- All surgical procedures performed by the Fellow will be under the supervision of the attending physician. Although the fellow may work independently in the sense that the attending is not in the room at all times, the fellow will at all times maintain communication with the attending physician regarding anything that he/she deems important in the management of the patient. In

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general, the Fellow takes Mohs layers in the presence of the attending surgeon but may, on occasion, after he/she obtains proficiency take layers without the attending being in the procedure room. However, all of this will be discussed and permission given by the attending prior to the taking of the layer. Once the fellow becomes proficient in repairs, he/she may work independently. However, before initiating the repair, the repair will be discussed with the attending surgeon, who will periodically check with the fellow to make sure that everything is proceeding smoothly. The attending surgeon will inspect the repair prior to the bandaging and discharge of the patient.

- The Fellow often will microscopically examine the tissue removed during Mohs surgery independent of the attending surgeon. However, no additional tissue will be taken or the patient declared tumor free until the attending surgeon has also microscopically examined the tissue and expressed their agreement with the Fellow.
- The Fellow may carry out biopsies and cryosurgery, as well as laser surgery without the attending surgeon being directly present. However, all of this, again, will be under the close supervision of the attending surgeon and the case will be discussed prior to anything being done. All guidelines for attending supervision will be followed.
- The Fellow may carry out some procedures as primary surgeon but these will be discussed and planned in detail with the attending surgeon prior to initiating the procedure. The patient will be checked at the completion of the procedure to make sure that everything is satisfactory. All supervisory guidelines and mandates will be followed.
- The Fellow is expected to cut frozen sections to gain proficiency and an understanding of this very important aspect of Mohs micrographic surgery. Dedicated time apart from clinical responsibilities will be provided in the second half of the year.
- The Fellow can and will assist with cosmetic procedures and may perform portions of the procedure independently at times, e.g. infusion of the tumescent solution for liposuction. However, their ability to function independently with cosmetic procedures may be limited.