I) Introduction

A) Accreditation and Sponsoring Institution
   1) The University of California, San Francisco, Dermatology Residency Training Program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). The University of California, San Francisco is the sponsoring institution, and other Participating Institutions include the VA Medical Center and San Francisco General Hospital. The program abides by the guidelines and requirements issued by the Dermatology Residency Review Committee, which can be accessed online at: www.acgme.org

B) Program Director
   1) Program Director Jack Resneck, Jr, MD is responsible for the Dermatology Residency Training Program at UCSF.
   2) Associate Program Director Kanade Shinkai, MD, PhD works with Dr. Resneck in the administration of the residency program.

II) Resident Selection and Appointments

A) Resident Selection
   1) The Dermatology Resident Selection Committee selects from among eligible applicants on the basis of preparedness and ability to benefit from the Dermatology Residency Training Program.
      (a) In the selection process, we consider aptitude, past academic performance, motivation, integrity, ability to work with others, interpersonal communication skills, and other unique characteristics. We seek candidates with high potential for leadership. Additional information about the application and selection process is available on the departmental website.
      (b) The Department of Dermatology does not discriminate with regard to gender, ethnicity, race, age, religion, national origin, sexual orientation, physical or mental disability, marital status, or veteran status.
      (c) In selecting from among qualified applications, the Department of Dermatology participates in the Electronic Residency Application System (ERAS) and the National Resident Matching Program (NRMP).

B) Resident Appointments
   1) The UCSF Dermatology Residency Training Program complies with the criteria for resident eligibility as specified in the UCSF GME Eligibility Policy.
   2) UCSF Health Requirements
      (a) All residents are required to provide proof of a physical exam and of immunizations in order to be appointed as UCSF Housestaff. Details are available on the UCSF GME website and in the UCSF GME Handbook.
      (b) Annual tuberculin skin testing is required for those trainees with a history of negative TB tests. For new GME appointments, incoming trainees must provide the results from one TB skin test within the last two years, and also provide the results of a TB skin test completed after March 1 of the year of appointment. QuantiFERON test results are acceptable. For new trainees with a history of positive TB skin tests, a copy of the written interpretation of a chest x-ray taken within 12 months prior to start date is required. Continuing trainees with a history of negative PPDs must provide the results from a TB skin completed after March
1 of the year of appointment. Continuing trainees that have a history of positive TB skin tests only need to submit the sign and symptom review.

3) Licensure Requirements

(a) First year dermatology residents completing only one year of postdoctoral training before starting dermatology residency will complete an L3 form that will be submitted on their behalf to the California State Medical Board stating their intent to train in an ACGME-approved program for their PGY2 training year.

(b) **All residents, in accordance with California law, must obtain their California Medical License before the start of their second year of dermatology residency.** Specifically:
   (i) Residents must be licensed to practice medicine in the State of California before the start of the 25th month of postdoctoral training. If, by the end of the PGY2-year or the end of the 24th month of postgraduate training a license is not obtained, all patient care and clinical work must cease.
   (ii) For residents having already completed 2 or more years of postgraduate training when entering dermatology residency, they must obtain their California medical license before beginning dermatology residency.

(c) **Trainees who have not obtained a California medical license within the above mentioned time frames will not be allowed further patient contact or access to patient information including medical records, laboratory values, radiographic studies, etc.** A trainee not licensed by July 1st (or other start date) of the required year, or a trainee whose license expires, may not do any clinical work until a medical license is secured. During the period of non-licensure, the appointment, including salary, may be suspended. Resumption of training, once a California Medical License has been obtained, will be at the discretion of the Program Director and/or Department Chair. Thereafter and for the duration of training, the California medical license must be continually maintained as a prerequisite to appointment.

(d) **Of major importance, application materials and fee payment must be sent to the California Medical Board at least 9 months ahead of the appointment date (send by August for the June 30 deadline).** Declining resources at the CA Medical Board have led to substantial delays in reviews of new applications. Also, in some cases, FBI fingerprint clearance may not be available for several months after the data are submitted.

(e) California licensing regulations specify that the expiration date of an initial license is the last day of the second birth month of the licensee after the date the license is issued. Therefore, in order to enjoy the full 24-month validity of an initial license, the trainee would obtain licensure during the birth month. However, the primary responsibility is to obtain a valid license by July 1 of the required year of training, regardless of the length of validity that might result.

(f) The California Medical Board requires that all physicians complete 12 hours of CME specifically related to Pain Management before the date of their second license renewal. For those residents who reach their second CA license renewal during residency, you can complete a free Pain Management CME course offered by the AMA online.

(g) Dermatology residents are expected to obtain narcotic registrations with the DEA once licensed. All residents should qualify for the fee exemption (free DEA number) based on their work at our UCSF (a state affiliated public institution) and SFGH (a county affiliated public institution). However, these fee-exempt DEA licenses may not be used outside of UCSF training sites. For example, it is a violation of DEA regulations to use a fee-exempt DEA license while moonlighting at a private office or private hospital.
4) Attestations: Residents are required to complete attestation statements regarding malpractice claims, drug and alcohol abuse, disciplinary action, and criminal activity as a condition of appointment. Any “yes” response to these statements demands a detailed answer. After review of a resident’s explanation of “yes” statements, an offer of a contract for training may be revoked or the conditions of the offer revised.

5) Background Screening: All offers of admission and appointment to UCSF-sponsored GME programs are specifically conditioned upon a criminal background investigation. Details are available in the UCSF GME Housestaff Handbook.

6) Additional information on Duties and Operational Standards, HIPAA, General Educational Responsibilities, Identifiers, IDs, Library Cards, Salary, Benefits, Resident Services, Financial Aid, and other items are available in the UCSF GME Housestaff Information Booklet. Dermatology residents are also bound by the policies in the UCSF GME handbook.

III) Program Curriculum

A) Written Statement of Goals and Objectives for Clinical rotations

1) There are competency-based written goals and objectives for each rotation, with specific goals and objectives for each year of residency.

2) These goals and objectives are reviewed and revised annually by the program directors and the appropriate faculty overseeing each rotation. The goals and objectives are available on the UCSF Collaborative Learning Environment website at: https://moodle.ucsf.edu/course/enrol.php?id=2020

3) Residents should review the goals and objectives before starting every rotation, and are expected to read the assigned readings during that rotation. The faculty supervising each rotation teach to these goals and objectives as well as other topics as the clinical experience dictates. Additional readings may be assigned for any rotation.

B) Teaching Methods

1) Teaching methods include lectures, conferences, seminars, demonstrations, individual and group study of histologic slides, clinical rounds, instruction in the patient care setting, chart and record reviews, faculty-trainee sessions in small groups and one-on-one settings, book and journal reviews, and attendance at local, regional and national meetings.

2) Because of the breadth of dermatology and the unpredictable nature of which diseases and conditions will be seen in clinical settings, dermatology requires a substantial investment of trainee time in learning outside of the clinical setting. The didactic curriculum will cover the range of diseases seen in dermatology, but significant and sustained self-study is absolutely essential in order to become a highly competent dermatologist. Several hours of reading per week are required. This reading should be directed in two primary ways:

   (a) Residents are required to read in preparation for didactic sessions and small group scope sessions.

   (b) Reading each evening directed by interesting cases seen during the day will facilitate increased uptake and retention of clinical knowledge.

C) Organization of Didactic and Clinical Curriculum

1) Didactic Curriculum

   (a) The didactic curriculum is organized to ensure resident exposure to the complete range of disorders encountered by the dermatologist.
(b) The didactic curriculum is covered every 18 months in clinical dermatology and basic science, and every 12 months in dermatopathology and procedural dermatology.

(i) **On average, the curriculum requires residents to read one-two hours every night, or 150 to 200 pages of weekly reading.**

(ii) Falling behind on this reading requirement places a resident at risk of failure to achieve competence as measured by clinical performance and by the in-service examination.

(c) Didactic Teaching

(i) Daily Conferences/Journal Clubs

- **Didactic sessions are a core element of the residency program.** Attendance and punctuality are required (lectures begin at the time stated, not 10 minutes after the hour). Residents are required to sign in for all lectures they attend. Residents who arrive more than 10 minutes after the lecture start time may not sign in as present, but may be allowed to attend the remainder of the session at the discretion of the lecturer.

- Please refer to the curriculum on the departmental website for the most updated schedule

  - Mondays: Dermatopathology Lectures
    - 7:30 am-8:30 am, Mount Zion Campus (so that continuity clinics can begin promptly at 8:45 am at Mt. Zion, 9:00 am at VAMC, and 9:20 am at SFGH)

  - Tuesdays: Dermatopathology Scope session and Lectures
    - 7:30 - 8:00 am Dermatopathology scope session at Mt. Zion
    - 8:00 – 9:00 am Didactic session at Mt. Zion– check the monthly schedule for details

  - Wednesdays: Lectures/Clinical Unknowns
    - 8:00 – 9:00 am Grand Rounds at Mt. Zion
    - 9:00 – 10:30 am Staff Conference (patient presentations)
    - 10:30 – 11:15 am Didactic session or clinical unknowns at Mt. Zion
    - 11:15 am – 12:00 pm Didactic session or clinical unknowns at Mt. Zion

  - Thursdays: Lectures/Journal Clubs
    - 8:00 am at Mt. Zion – check the monthly schedule for details

  - Fridays: Derm Surgery Lectures
    - Friday lectures are primarily on topics in dermatologic surgery, and begin at different times depending on the topics covered. Check the lecture schedule regularly to confirm start times.

- Prior to the lectures, residents are expected to have read the material in the assigned readings.

- For dermatopathology scope sessions at 7:30 am (Tuesdays all year and Thursdays for the first several weeks of the year when first year residents have separate sessions), the residents should review slides ahead of time and come prepared to describe the findings and differential diagnoses. As this is a short session, please do not attend the session if you are not there on time; it is disrespectful and disruptive to the dermatopathologist and your colleagues to arrive late.

(ii) **Grand Rounds and Wednesday Staff Conferences**
• Attendance, punctuality and proper dress are required (no scrubs allowed for patient viewing).
• The Grand Rounds lecture begins at 8:00 am on Wednesday mornings.
• Residents provide the bulk of patients presented at the Wednesday Staff Conference (immediately following the Grand Rounds lecture).
  ◦ The full-time attendings and the senior resident(s) will help to identify good cases for staff conference.
  ◦ Presenting a patient includes writing a **concise** but complete protocol, as well as reviewing the literature on the patient’s condition. Formal PowerPoint presentations on diseases during staff conference are discouraged.
  ◦ If you are presenting a patient, please make sure to coordinate in advance with dermatopathology (via the resident director of grand rounds) to ensure that pertinent biopsy slides are photographed for presentation at Staff Conference.
  ◦ Residents are expected to carefully examine all of the presented patients and be able to describe the physical findings and give a clinical differential diagnosis.
• The Resident Director of Grand Rounds (a 3rd year resident) is responsible for assuring there are appropriate numbers of patients each week (3-4). As a goal, every resident should try to present one patient at Grand Rounds every other month.
• Only the one person assigned to photograph patients should take clinical photographs during Staff Conference, and should then upload the photographs for conference. Residents are not permitted to take additional photos with personal cameras during staff conference.
• The first Grand Rounds of the month is designated “Morphology Grand Rounds” during which no patient information is provided, and residents are expected to describe physical findings and generate a differential diagnosis for group discussion.

(iii) San Francisco Dermatologic Society Meetings
• Residents are not charged for membership in SFDS.
• There are two meetings during the year, one of which is usually held at UCSF/MZ. They typically occur on a Saturday morning.
  ◦ UCSF residents may be called upon to provide some of the patients when meetings are held at UCSF. If so, residents prepare any cases they present in the standard manner: write case protocol, review literature, and be prepared to discuss interesting aspects of the case.
  ◦ The other meeting is usually held at Stanford.
  ◦ For those residents not on vacation during the preceding or following week, attendance is required at SF Derm meetings.

(d) Didactic General Topics
(i) Basic Science
• A basic science faculty member oversees each of the scheduled sessions
• Residents are expected to read the assigned textbook chapters or articles prior to the session.
(ii) Clinical Dermatology
• Lectures on clinical dermatology complement the clinical learning and take place as described above.
There are monthly dermatology journal clubs reviewing the *Journal of the American Academy of Dermatology* and the *Archives of Dermatology*. Although only selected articles may be discussed at journal clubs, residents are expected to read *Archives of Dermatology* and *The Journal of the American Academy of Dermatology* in their entirety. The CME articles (one monthly in the JAAD) are of great importance and should always be read carefully.

The residents are responsible for reading a complete textbook of dermatology each year. For the first year residents, this is *Bolognia’s Dermatology*. For the second year residents this is *Andrews’ Diseases of the Skin*. The department provides these two textbooks to first year residents upon arrival in the program. Third years may read the assigned chapters from either text and supplement from the literature.

“Clinical Unknown” sessions held 2-3 times per month emphasize morphology and differential diagnosis. These sessions are not meant to be intimidating, but graduates report that these “on the spot” sessions with clinical photographs are among the best learning experiences they had. Calling upon individual trainees allows faculty to assess resident competence, but also allows individual trainees to assess their own skills.

(iii) Dermatopathology
- The dermatopathology core is taught by weekly didactic sessions in a 12 month cycle.
- The residents also have weekly scope sessions
- Each resident is assigned full-time to dermatopathology at Mount Zion (dermatopathology rotation) for one month each year.
- At each of the other participating institutions (VAMC and SFGH), there are weekly dermatopathology signout sessions to review biopsies performed by the residents during the previous weeks.

(iv) Dermatologic Surgery
- The dermatologic surgery/procedural dermatology curriculum is covered each year. This includes weekly lectures, demonstrations, and hands-on teaching sessions.
- Dermatologic surgery journal clubs are held regularly.
- Early in each academic year, there is at least one session teaching basic surgical techniques using pigs’ feet.
- Each resident spends approximately one month per academic year full-time on the dermatologic surgery service at Mount Zion.
- There are also weekly resident surgery clinics at SFGH and the VAMC.

(v) Ethics, Professionalism, Communication, and Interpersonal Skills, System-Based Practice, and Health Policy
- The Department offers a curriculum covering selected topics in these areas for all of our residents and faculty each academic year. It typically consists of lecture sessions and/or workshops.

### IV) Responsibilities of the UCSF Dermatology Resident

#### A) General Educational Goals and Objectives
1) The following are the overarching goals and objectives by year for UCSF dermatology residents. The parenthetical abbreviations following each goal refer to the competencies addressed (see list of competencies in the evaluation section
Specific, competency-based goals and objectives for each rotation are found separately on the Department website.

(a) First Year Residents

(i) To be able to diagnose and treat the most common inflammatory and malignant skin disorders in both adults and children. (MK, PC)

(ii) To be able to classify skin diseases into diagnostic groups and provide a differential diagnosis. (MK)

(iii) To learn basic diagnostic techniques: KOH, scabies preps, hair mount, direct fluorescent antibody, bacterial/viral/fungal cultures. (MK, PC)

(iv) To learn basic surgical techniques: preoperative evaluation, anesthesia, biopsies, excisions, layered closures. (MK, PC)

(v) To write clear, concise, and timely notes (as well as dictated consultation letters) which document encounters effectively, communicate essential elements to other physicians reading the medical record, and meet institutional and regulatory guidelines. (PC, P, IC, SBP)

(vi) To see patients at a rate averaging four per hour and begin to have an awareness of their own patient flow. (PC, P, PBL)

(vii) To present at least one patient every other month at staff conference. (MK, PC, PBL)

(viii) To be able to describe the natural history and quality of life impact of common skin disorders (MK, PC)

(ix) To advance their understanding of the different systems in which they practice and their impacts on patient care (SBP)

(x) To communicate effectively and respectfully with colleagues, staff, referring physicians, and patients. (SBP, P, IC)

(xi) To begin learning pattern analysis for recognition of basic patterns of common neoplasms and inflammatory diseases in dermatopathology

(xii) To develop skills to ensure effective and safe transitions of care and successfully perform safe handoffs (PC, P, IC, SBP)

(xiii) To solidify a lifetime commitment to professionalism, ethical practice, rigorous work, and giving back to the specialty and the community. (P)

(b) Second Year Residents

(i) To improve on the goals and competencies outlined for first year residents.

(ii) To manage complex dermatology patients with multiple medical problems. (MK, PC)

(iii) To recognize uncommon skin disorders. (MK, PC)

(iv) To develop a logical diagnostic approach for difficult patients. (MK, PC)

(v) To present at least one patient every other month at weekly rounds. (MK, PC, PBL)

(vi) To take on increasing responsibility for a cohort of “continuity” patients, coordinating their care and overseeing the management of their skin disease over a prolonged period. (MK, PC, SBP, P)

(vii) With the help of mentors, to begin to recognize gaps in their own knowledge and skills and direct their own learning. (PBL)

(viii) To teach basic dermatology to medical students rotating through the dermatology clinic. (MK, IC, PBL)

(ix) To acquire expertise in the evaluation and management of skin disorders in critically ill hospitalized patients. (MK, PC, SBP)

(x) To acquire skills in and an appreciation for the differences in skin diseases presenting in neonates and children (MK, PC)
(xi) To further competency in basic surgical techniques and acquire new skills in increasingly complex excision, repairs, and other surgical procedures. (MK, PC)

(xii) To develop differential diagnoses for commonly encountered histopathologic patterns and to identify criteria for histopathologic diagnosis. (MK, PC)

(xiii) To understand the use of technology in medicine, including more effective use of the medical literature, electronic medical records, and teledermatology (SBP, PBL, P, IC)

(xiv) To effectively read and critically appraise the medical literature, addressing gaps in knowledge and assimilating new information into practice (PBL, MK, PC, P)

(c) Third Year Residents

(i) To be able to manage complex dermatology patients. (MK, PC)

(ii) To provide advanced consultative services for patients referred from primary care physicians and other dermatologists, and to effectively communicate at an advanced level with referring physicians. (MK, PC, IC, SBP, P)

(iii) To teach basic dermatology to primary care residents rotating through the dermatology clinic. (MK, IC, PBL)

(iv) To work effectively in teams and develop skills in team leadership (P, SBP, IC)

(v) To manage the schedule and curriculum of the residents and coordinate their educational activities. (IC, P, SBP)

(vi) To present at least one patient every other month at weekly rounds, and to participate actively in the discussion of other patients discussed at staff conference. (MK, PC, PBL)

(vii) To consolidate clinical knowledge by adding knowledge in self-identified and evaluation-identified areas of inadequate competency, and to extend skills beyond competency with special skills in areas of individual interest. This process should establish self-directed lifelong learning skills. (MK, PC, P, PBL)

(viii) To advance leadership skills through various opportunities, including departmental committees and roles, research projects and presentations, and quality improvement and patient safety projects (P, SBP, PC)

(ix) To gain a more complex understanding of the systems in which they work, recognizing existing gaps in quality and patient safety, and understanding the methods of quality improvement projects to systemically advance quality and safety. (SBP, PC)

B) Clinic Performance – Additional Expectations

1) Outstanding quality of care is expected for all patients seen at all clinical sites. Clinical dermatology is learned by examining and treating patients, and by additional reading directed by recent patient encounters.

2) Residents are expected to show initiative in following through on patient care issues. This means timely completion of notes and consult letters, direct communication with referring physicians when appropriate, notifying attendings of test results, following through on patient communications and acting on test findings, and personally keeping track of outstanding or unresolved issues. As physicians and professionals, residents are expected to actively engage in follow-up beyond clinic visits, communicate effectively with colleagues, seek help when needed,
and to be vigilant in ensuring that patient matters do not fall through the cracks.

3) Residents will present all cases to attendings, but are expected to take on increasing responsibility for generating differential diagnoses, formulating treatment plans, educating patients, and teaching their colleagues in clinic as they progress through residency.

4) Clear, concise notes are expected.
   (a) The subjective and objective sections of medical records should be complete, including the HPI, ROS, relevant PMH, Medications and Allergies when necessary, physical exam, and relevant laboratory or other studies. Previous data or diagnoses should be confirmed (and not just copied), particularly when the patient is new to the resident.
   (b) The assessment should include a numbered list of diagnoses or problems, and the plan should be clearly described immediately following each numbered problem. Any workup ordered and treatments initiated or changed should be clearly described. Be careful to avoid declarative statements about unconfirmed diagnoses or misleading statements.
   (c) At UCSF/Mt. Zion, residents must accurately document adequate information in APeX to comply with insurer, University, and legal requirements. If the resident has a question, the attending should be consulted. This involves fully documenting all areas of the physical examination done and adequately detailing the problem list, treatment plan, proposed diagnostic evaluations, and patient education. Remember that a checked “-” means that an area was examined and nothing was found. A checked “+” means that an area was examined and something was found (whether normal or abnormal) – a “+” should always be accompanied by a description of the finding.

5) Pathology requisitions must be filled out legibly with a concise but accurate description of the lesion and its location. The measured size of the lesion biopsied and its exact location (defined by 2+ adjacent anatomic landmarks) must be noted on the visit form. Photographs are also strongly encouraged for all biopsies, especially for small lesions, to assist with future localization.

6) All of the residents in a clinic share the responsibility of ensuring that all patients are seen, even though each resident may have his/her own patient schedule. Do not leave the clinic until all patients are seen or you have checked out with the attending.

7) Appropriate and professional clinic attire is described in the UCSF GME Handbook.

C) Clinic Attendance
   1) Residents must strictly adhere to the Resident Leave Policy outlined in this handbook. **Be sure to verify your vacations with appropriate clinic staff** as outlined on the vacation request form both at the time of the request and again 4 weeks prior to any anticipated absences (educational leave or vacation).
   2) Residents must be available to see patients at the start of the scheduled clinic. If you are going to be late, notify the attending.
   3) Most rotations include four half days of academic time (free from direct patient care duties) per month. These half days may need to be irregularly scheduled (not necessarily the same half day each week or even spread out one per week), depending on the needs of the clinic. **The program provides this academic time for residents to perform self-directed academic work (reading, research projects, mentorship meetings, presentation preparation, etc.).** Residents may not depart the San Francisco area or leave for vacations during academic time – leaving town during paid employment (without declaring vacation) is a violation of both residency program rules and of the rules governing the
agencies which support some of our residency positions (Medicare, Veterans Affairs, and the City and County of San Francisco).

D) On-Call

1) A resident at each training location will be assigned to take call for inpatient consultations at that institution during weekdays and during M-Th weeknights (For UCSF/MZ, this consists of the resident on the inpatient consult rotation [for adults] and the resident on the Bw rotation [for children]. For VAMC and SFGH, this is one of the residents rotating at that site.).

2) A single resident will be assigned call covering all three institutions for weekends or holidays. The chief resident(s) prepares the weekend/holiday schedule prior to the beginning of the academic year.

(a) Weekend and holiday call may be traded among residents with prior notification and approval of the division chiefs affected, chief resident(s) and the program coordinator. Trades that divide a weekend among multiple residents are not permitted. Residents on the inpatient rotation or Bw rotation are not permitted to take weekend call.

(b) Weekend call begins at 5pm on Friday until Monday morning.

3) Any evening, weekend, or holiday on-call resident must be within pager range of their assigned on-call location, and must be available to come in to the hospital within one hour to see patients. Do not make plans during on-call periods that would preclude you from being available to come in to the hospital within one hour.

(a) The UCSF/MZ on-call adult resident pager is 443-9296.
(b) The UCSF/MZ on-call pediatric resident pager is 443-7792.
(c) The SFGH on-call resident pager is 443-9274.
(d) The VAMC on-call resident pager is 443-2722.

4) Upon taking over call responsibilities on Friday at 5pm, the resident should touch base with the on-call attending to ensure that communications are functioning, to review any complex patients on service, and to discuss the tentative plans for rounding.

E) Evaluations of Faculty, Rotations, and Program

1) Teaching faculty are evaluated (monthly or every three months depending on the length of the rotation) by confidential, mandatory online forms completed by the residents using the E*Value system, and these evaluations are monitored by the program director. De-identified evaluation summaries are made available to faculty only on an annual basis in order to optimize confidentiality. Low scores (i.e., less than or equal to 2) generate an immediate report to the Program Director.

2) We believe that resident input on program effectiveness and program change is extremely important. In addition to reviewing individual faculty, the residents also file confidential, mandatory evaluations of each rotation using the E*Value system. In addition, the residents are asked to meet without faculty present at least twice annually to make a joint confidential report regarding program issues which is passed on to the Program Director. Residents have an annual full-day retreat off-site each year at which they work on program development. Once annually, the residents meet with the Dean for Graduate Medical Education without the Program Director, chair or other faculty members being present. In this setting, the residents discuss the effectiveness of the faculty and management of the residency program.

3) The Resident Education Committee meets monthly and works with the program director to regularly review the teaching faculty, curriculum, individual rotations, and
other parts of the residency program. The entire faculty meets together once yearly to review evaluations by the residents of the program and de-identified summary evaluations of program faculty, and at this meeting, the faculty also rate the program themselves and discuss the overall effectiveness of the residency program, generating an action plan for the upcoming year. The faculty also reviews program effectiveness on a regular basis.

4) Residents are required to complete all evaluations in a timely manner.

F) Additional Issues Specific to Mt. Zion Clinics

1) Jeopardy Resident:
   (a) An additional resident responsibility, when assigned to Mt Zion clinics, is to participate in handling urgent or same-day matters related to patient care, as well as other issues in the APeX queue, also known as taking “jeopardy call.” This responsibility is rotated amongst the residents, and common responsibilities include prescription-related requests, returning patient calls regarding medical matters, and responding to calls from referring physicians. When performing jeopardy call, a resident is supervised by faculty who are present in the clinic; any patient-related matter that the resident does not feel comfortable or knowledgeable handling independently should be performed only after consulting with a faculty member.

2) Scheduling Cases for Resident Surgery:
   (a) Residents in General derm clinics at Zion may schedule surgical cases specifically for the resident rotating on surgery. The residents control the booking of these patients and are responsible for pre-operative screening and counseling. Specific care must be taken if you are scheduling a patient to have surgery performed by a resident other than yourself (make sure the patient is aware that you will not be their surgeon, and make sure the resident who will perform the case is informed). Systems are being put in place within APEX to facilitate this.
   (b) There are also slots available for the scheduling of cosmetic patients into the resident’s own schedule for the surgery rotation. The residents are also responsible for booking these patients, including the steps above, as well as any appropriate counseling regarding the expected cost of the procedure (discuss with surgery faculty in advance).

3) Managed Care and Prior Authorization for Procedures
   (a) Because so many of our patients at UCSF/Mt. Zion are covered by managed care plans, residents must check with insurance/billing staff before proceeding with any procedures to ensure that insurance will cover the procedure and to obtain preapproval when required. In the event that staff cannot confirm coverage, the patient should be notified before proceeding and given the opportunity to reschedule (if medically appropriate).

4) APeX Electronic Medical Record
   (a) Residents are required to complete several training modules (online and in-person) before being granted access to the system. Training for outpatient (ambulatory) APeX is completed during the resident orientation period. Training for inpatient APeX must be completed in the month prior to the residents first inpatient call rotation or call weekend, usually in the fall of the 1st year.
   (b) There is a separate departmental guide that explains the extensive dermatology-specific aspects of the APeX system. Residents should review this guide and use it as a resource.
G) Teaching and Evaluations of Medical Students
   1) Selected residents are assigned a medical student “partner” during that student’s rotation on the basic dermatology elective (140.01). This resident partner is assigned to the same clinic as that student and should work with them in every clinic they both attend. They are a resident-student team. The assigned resident will be asked to evaluate the student’s professionalism.
   2) These evaluations are used by the faculty preceptor to write each student’s final evaluation, which is used for the student’s Dean’s Letter.
   3) Residents are expected to be prompt, complete, honest and fair in completing these evaluations, especially on those students who have expressed an interest in dermatology as a potential career.
   4) Senior Residents also lecture medical students on the dermatology rotation on basic dermatologic topics on Wednesday mornings from 7:15 am – 8:00 am prior to Grand Rounds. The resident preceptor will be asked to evaluate the student’s performance during the morning teaching sessions.

H) Chief Resident
   1) Resident(s) may be selected by the program director and the Resident Education Committee to serve as chief resident.
   2) Other senior residents will be asked by the chief resident and program director to assist in selected other duties. One of these duties is the resident director of grand rounds.
   3) The chief resident and other senior residents are involved with various duties, including (but not limited to): didactic curriculum planning, rotation schedule planning, resident vacation planning, distribution of articles for all conference and journal clubs, medical student teaching, primary care resident teaching, management of staff conference / grand rounds, planning of the resident retreat, service on the admissions committee and resident education committee, planning of resident orientation, quality improvement and assurance projects, and related other duties as required.
   4) The chief resident’s schedule is created to meet his/her educational needs, career development goals, programmatic service needs, and also to protect time for administrative duties.
   5) The chief resident is granted one extra meeting per year (up to three days with travel time) to be paid for by the Department. This meeting must be pre-approved by the resident’s mentor and the residency director.
   6) The chief resident will receive an additional $150 stipend during each month that he/she serves as chief resident.

I) Skin Cancer Screening
   1) May has been designated Melanoma Month. Skin cancer screening is a primary public outreach/civic activity of dermatologists throughout the USA.
   2) Resident participation is mandatory.
      (a) Each physician works for about three hours performing basic (5 minute) skin screenings.
      (b) Only residents on vacation during the skin cancer screening will be excused.

J) Audiovisual Support
   1) First year residents will be assigned to make sure the audiovisual support required for daily resident lectures and Wednesday conferences is present and operational.
Residents are expected to have the equipment set up no less than 5 minutes before the lecture is scheduled to start.

2) The academic year will be divided up among the first year residents by the Chief Resident.

K) Grand Rounds Photography
1) Second year residents will be assigned months to be responsible for photographing patients who are presented at Grand Rounds. After confirming that a signed photo consent is available, please photograph the patient protocols first, followed by the patients, using the clinic digital camera and then upload the photographs into a PowerPoint file to be presented at the conference and into the database.

2) On Grand Rounds morphology days, when there are no protocols, please take a photograph of the words “Grand Rounds” so that Chris Walker will know that the photos to follow are from Grand Rounds, and that they belong in the Grand Rounds Database.

3) **Only the one individual assigned to photograph patients should take clinical photographs during Staff Conference.** Residents are not to take additional photos with personal cameras during staff conference.

L) Primary Care Resident Teaching
1) Senior residents will be asked to staff primary care residents in clinic. This is an outstanding opportunity to begin the transition to more independent thinking and increasing personal responsibility for patient care. Attendings are always present for supervision.

M) Resident Expert Talks
1) Residents in their 2nd and 3rd years give a talk to the department about an academic topic of their choice.

2) The goals of the Resident expert talks are three-fold
   (a) To gain expertise in one focused area of dermatology
   (b) To work closely with one or two mentors to chose the topic for the lecture, prepare, and execute a talk that is appropriate for an audience of general dermatologists
   (c) To gain confidence in speaking and answering questions in the setting of an audience of colleagues and peers. (For the do’s and don’ts of preparing your talk, please see the Department website.)

3) Second year talks are typically 20 minutes in length, while third year talks are typically 30 minutes long.

N) Research/Publications
1) Residents are strongly encouraged to write at least one paper for publication during their residency.
   (a) This may be in any form (i.e. case report, review article, etc.) and may involve the resident’s area of interest for his/her Resident Expert Talk.
   (b) Faculty can be asked to assist in finding an appropriate topic and/or co-authoring the paper.

2) Residents are also strongly encouraged to submit abstracts for the residents’ forum or gross and microscopic case presentations at national meetings, including the AAD.
O) American Board of Dermatology Annual In-Training Exam
1) All residents are required to take this on-line exam each year, typically held in the late winter or early spring. While some curricular time is set aside for review, residents are expected to devote significant outside time to preparation and self-study.
2) This exam serves as one important measure of the fund of medical knowledge each resident has acquired. The comparison pool of dermatology residents in the US is a highly selective group, so residents should not be surprised if their percentile rank scores are lower than they might have experienced during college or medical school. However, poor performance on the exam (below the 20th percentile) is usually symptomatic of a more general failure to study and acquire the necessary fund of knowledge, and often serves as a predictor that a trainee is at risk of poor performance on actual Board certifying examinations.
3) For low scores, the remediation plan may involve limits in the resident’s ability to moonlight or undertake electives if he/she needs additional basic clinical experiences. Unsatisfactory performance may also lead to a counseling letter, notice of concern, academic probation, or other academic action as outlined in the Academic Due Process Policy. The selection of a disciplinary action may be based in part on the severity of the low score and other measures of resident competency beyond the in-training examination, though a low score alone may be sufficient for action.

P) ACGME Case Log
1) Every resident is required to log all listed surgical procedures that he/she performs or observes each academic year using the ACGME online case log system. (a) These procedures include those performed/observed during his/her surgery rotation and also during surgery clinics at all training sites. There is no longer an “acceptable threshold” above which resident no longer need to log excisions or repairs – all surgical procedures reflected in a category within the log program should be entered.
   (b) Punch and shave biopsies done on a routine basis in general dermatology clinics do not need to be logged.
   (c) The electronic log must be kept up to date with procedures entered in a timely manner
   (d) The log will be reviewed at the beginning and end of the surgery rotation by the Dermatologic Surgery faculty to plan for optimal exposure to the breadth of dermatologic surgery and ensure that residents are gaining sufficient exposure.
   (e) The log will also be reviewed during semi-annual evaluation sessions with the program director to ensure that the log is up to date and that the resident is demonstrating adequate exposure and experience.
   (f) Residents should be aware that licensing and credentialing agencies are now asking some physicians to provide these logs as evidence of proficiency. In addition, the American Board of Dermatology and the ACGME have access to the logs, and may declare a resident ineligible for board certification if his/her log shows inadequate experience, particularly in the categories of benign excisions, malignant excisions, intermediate repairs, complex repairs, and Mohs procedures.
   (g) A guide to expected procedure frequencies is included in this handbook.

Q) Quality Improvement and Patient Safety Projects
In conjunction with the department and the medical center, mentored by the program director and others, residents participate in a variety of quality and safety projects in order to improve patient care and learn skills necessary to take on similar types of projects in future practice.

V) Resident Leave

A) Vacation

1) Residents are granted 20 days of vacation per academic year.
2) Vacation leave must be taken in blocks of 5 consecutive days over a calendar one-week period.
3) When schedules permit, second and third year residents may also opt to take vacation leave in a block of 10 consecutive days over two back-to-back calendar weeks.
4) If vacation occurs during a week that contains a university holiday, then the extra day of vacation must occur either the Friday before the week or the Monday after.
5) First year residents must take 5 days of vacation per three-month quarter. Unused days will not carry over into the next quarter. Second and third year residents must take 10 days of vacation per six-month semester, and unused days will not carry over into the next semester.
6) Exceptions to the consecutive days rule and the days per quarter/semester rules are granted only for extraordinary circumstances, with prior approval from the program director, site director, and chief resident. Examples of extraordinary circumstances are one’s own wedding, the wedding of a first-degree relative, and the birth or adoption of a child.
7) Senior residents are given one additional vacation day during their third year to use for interview purposes (this day may be taken during the second year for residents interviewing for fellowships such as dermatopathology with early matches). Residents may also choose to use vacation days if additional interview days are needed, and in this case, such vacation days may be granted an exception to the consecutive days rule at the discretion of the program director and site director.
8) Absences to sit for other ABMS board certifying exams (e.g., Pediatrics, Internal Medicine) do not require the use of vacation days. Absences to sit for USMLE exams do require the use of vacation days.
9) Annual vacation leave may not be carried over from one academic year to the next, nor may it be borrowed in advance from the following academic year.
10) Annual vacation may be used for educational purposes (at the discretion of the resident) if the resident has used all available educational leave or if the Resident Education Committee does not approve a requested educational activity for use of educational leave.
11) Approval of vacation leave dates is contingent upon there being no conflict with other residents' leave requests.
   (a) Seniority is considered when prioritizing leave requests.
   (b) No two residents on the same rotation will be permitted to be on leave at the same time unless it is specifically pre-approved by the site director and chief resident.
12) The chief resident determines the vacation schedule on a semi-annual basis. He/she will announce deadlines for vacation requests. Do not purchase airline tickets or solidify any plans until the chief resident and appropriate faculty have given explicit approval of a vacation request – tickets already purchased will not be taken into consideration when vacation requests are made.
13) No vacation is allowed while on the UCSF inpatient consult rotation or the Resident Bw rotation (pediatric consult rotation). All other rotations (including dermatopathology and
derm surgery) permit vacations. If any rotation discourages taking of vacation, this should be reported to the program director.

14) Institutional regulations at the VA limit the amount of vacation that may be taken by residents while rotating at the VA. Residents rotating at the VA should coordinate with the chief resident, the site director, and each other early in the academic year to ensure that institutional regulations are followed.

(a) In order to comply with VA regulations and to distribute vacation among sites in proportion to resident time spent at those sites, please work closely with fellow residents and the chief resident so that:

(i) No more than 16 weeks of vacation are taken by all residents while rotating at the VA per year.

(ii) About 16 weeks of vacation are taken by all residents while rotating at SFGH per year.

B) Education Leave and Travel Stipend

1) Residents are given 15 education leave days for their three-year residency (10 days over the first 2 years if in the 2+2 program).

2) These days are loosely divided as follows:

(a) 3 days per year for the American Academy of Dermatology Annual Meeting. Two to three first year residents do not attend the AAD meeting, but those residents usually attend the SPD or SID instead.

(b) One additional 2-day meeting per year (though extra days do carry over, and many first year residents do choose to reserve days for 2nd or 3rd year)

3) If substantial travel is required to attend a meeting (i.e. on the East coast or international), residents may request a “travel day” from the REC which will not count against the educational leave limit.

4) All meetings must be discussed with and approved first by the resident’s mentor and then the Resident Education Committee, with the exception of the AAD Annual Meeting, SID (for physician-scientists), and SPD (for Pediatric Dermatology dedicated residents). Meetings should be approved by the mentor and REC before residents apply for outside travel support or other funding, and before any travel arrangements are made. The REC must also approve any additional travel days beyond the meeting dates. It is the resident’s responsibility to request being placed on the REC agenda for consideration of a meeting request in time for approval and adjustment of clinic schedules (at least 4 months in advance of the meeting).

5) Residents are allotted a maximum travel stipend of $1,000 per academic year, which may be used towards REC-approved educational meetings (and to cover expenses for the AAD annual meeting over and above those paid for by the AAD resident travel program). Extra approved meetings will not lead to an increase in the travel stipend, and expenses beyond the stipend are to be paid by the resident. The chief resident is funded for one additional meeting beyond the annual stipend.

6) All expenses and reimbursement must be in accordance with both the University’s travel policy and IRS regulations governing non-taxable reimbursement of business expenses. The University limits all meals to the per diem maximum rate of $64. The revised University policy limits meal reimbursement to only those meals that are an integral part of a business meeting (not social dinners). The IRS does not permit reimbursement of meals for meetings unless the employee is away from home for more than 24 hours AND attending a meeting that takes place at least 25 miles from home. More information on the travel policy (including details of allowable expenses, receipts required, and other information) can be found at http://www.ucop.edu/ucophome/policies/bfb/q28.html
7) Airfare should be coach-class, advanced purchase. Hotel accommodations should be at the lowest rate available at the conference hotel.

8) After completing your trip, fill out the travel reimbursement form, attach all original receipts, and submit to Christina Walker within 21 days of your return. She will obtain the signature of the program director, whose approval is required before the request will be processed.

C) Other Leave

1) The department complies with the University’s policies regarding sick leave, personal leave, new parent leave, family and medical leave, leave for military service, and leave for jury duty as outlined in the GME Housestaff Information Booklet. Vacation days may also be used to extend standard parental leave at the birth or adoption of a child. New parent leave is the one circumstance under which vacation may be saved and carried over across quarters.

2) While residents are entitled by departmental, university, and government policies and regulations to take certain leaves as outlined in the GME Housestaff Information Booklet, residents should understand that the American Board of Dermatology has its own policies for board eligibility which are beyond the control of our department or university. Residents who miss more than 14 weeks (not counting education leave) during their whole residency for any reason (including vacation, approved leave, parental leave, sick leave, disability leave, FMLA leave, etc.), will not be eligible for board certification. To reiterate, even approved leaves may place a resident at risk of being board- ineligible if the resident misses more than 14 total weeks of training. At the discretion of the department, residents may be given the opportunity to make up additional weeks to complete the residency program and become board eligible after the completion of their regularly scheduled months of residency, but this will likely delay eligibility for board certification until a future year.

D) Leave Request Process

1) All residents will receive an email from the Program Coordinator or chief resident about 4 months prior to the beginning of each quarter.

2) Residents are required to submit a completed and signed Leave Request Form to the Program Coordinator within two weeks of receiving the first request email.
   (a) Completed forms must have signatures from the chief resident, program director, and program coordinator.
   (b) Vacation requests must list the entire 5 or 10-day leave in accordance with the consecutive days policy.
   (c) Education leave requests in which travel days are needed must document the REC-approved travel day.
   (d) If the Program Coordinator does not receive completed requests within the two-week time period, he/she will assume that the resident is not requesting leave and leave may be lost.
   (e) Residents must then notify all appropriate faculty and clinic staff by e-mail as outlined on the leave request form.
   (f) The Program Coordinator will log all of the leave dates on the master calendar.
      (i) It is ultimately each resident’s responsibility to make sure the calendar reflects the correct dates.
      If there are any issues with approved leave dates on the master calendar, these issues must be immediately brought to the attention of the Program Coordinator. If the Program Coordinator is unavailable, the chief resident should be contacted.
E) Senior Resident Electives

1) Senior residents in good academic standing may be granted one month of elective time to study dermatology in other ACGME-approved training programs or to undertake research. All electives must be planned first with the resident’s mentor and then approved by the Program Director and REC. The primary issues in considering approval of away electives will be:

(a) The resident’s performance evaluations and competency development
(b) Support of the resident’s mentor for the proposed elective
(c) The likely contribution of a proposed elective to a resident’s career development in his/her areas of special interest.
(d) The inclusion of special training, clinical experiences, or research unavailable at UCSF (applies only to away electives).

2) Residents interested in electives should first discuss their plans with their mentor and work on a proposal for the REC. The proposed plan, including detailed learning goals, any clinic or project plans, a daily schedule, and the names of supervising physicians, should be brought to REC at least 6 months before the elective and before applying for funding sources. For away electives, residents also need to contact Chris Walker to begin working on required institutional agreements at least 6 months before the elective (12 months for international or governmental sites). It can take several months for UCSF and the outside institution to agree on malpractice coverage and other legal issues, and residents cannot see patients at another institution without completion of such agreements in place.

VI) Evaluation of Residents

A) While formal evaluation is a requirement of the ACGME, it also has a higher purpose. We view having a “feedback-rich culture” as an ongoing process to improve ourselves (including faculty, residents, and staff) and reach our highest potential. For residents specifically, the aim is to enhance their knowledge base, identify strengths and weakness, and encourage maturation as a physician and professional through a combination of informal and formal, as well as formative and summative feedback. Learning dermatology is difficult, and even trainees who have excelled throughout prior education and training frequently encounter difficulties and challenges along the path to become a dermatologist – this is normal, and we as a program work hard to help trainees work through these issues.

B) Competency assessment

1) The training program is structured to assure that residents assume increasing levels of responsibility commensurate with individual progress in experience, skill, knowledge, and judgment. This is outlined in the rotation-specific goals and objectives. In accordance with ACGME guidelines, UCSF Dermatology residents are required to attain competence appropriate for their level of training in the six areas listed below:

(a) Patient Care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.
(b) Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences as well as the application of this knowledge to patient care.
(c) Practice-Based Learning and Improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence and improvements in patient care.
(d) **Interpersonal and Communication Skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

(e) **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.

(f) **Systems-Based Practice** as manifested by actions that demonstrate and awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.

2) Face-to-face formative feedback should occur during all rotations; to ensure that this occurs, residents should solicit feedback at the midpoint and again at the end of all rotations from one or more key attendings.

3) The Department of Dermatology evaluates its residents using a variety of tools and multiple evaluators to assess performance in the six competency areas:

(a) Evaluation of Resident Live Performance, once yearly, performed in the resident’s continuity clinic

(b) Record Review (of specific patient charts), twice yearly

(c) American Board of Dermatology In-Training Exam, once yearly

(d) Multisource Evaluations of Residents

(i) All full-time teaching faculty evaluate residents they work with during a three-month period using competency-based questions on E-Value, an online evaluation system. These evaluations are made available to residents by the on-line E-value system.

(ii) Residents are also evaluated by selected nursing staff, clerical staff, and academic staff

(iii) On every clinic rotation (excluding Wards, Bw, Surgery, and Path) residents will engage in peer-to-peer feedback. This will be conducted in a one-on-one format with each resident based at the same site for the month. At the start of the rotation, residents will delineate what they wish to improve in the current month and what their expectations are for their co-residents. At the end of the rotation, self-reflection and an assessment of their co-residents will occur, and at least one suggestion for improvement will be given. Midpoint feedback about progress with regards to these goals is optional. At semi-annual resident meetings, residents will complete a written self-reflection that details what they have learned from the previous quarter’s peer-to-peer feedback, and their specific plan to improve on these items in the coming quarter.

(iv) Residents participate in peer-to-peer evaluations, followed by reflective written exercises.

C) **Formal Program Director Evaluations**

1) The program director meets with individual residents for formal evaluations twice per academic year.

2) First year residents will be evaluated after approximately four months of residency.

3) The year-end evaluation and surgical log for each resident is sent to the American Board of Dermatology.

(a) The program director also completes a summative evaluation for each resident upon completion of the program.
D) Filing of Evaluations  
1) All evaluations are kept in resident portfolios in the academic office. Residents may request an appointment with the program director to review their portfolio.

VII) Mentoring  
A) Assignment of Mentors  
1) Each resident is assigned a career mentor upon arrival based on expressed interests.  
2) Residents determine by the end of first year whether they would like to keep their initial mentor, add a second mentor, or select a new mentor.  

B) Mentoring Meetings  
1) Once each quarter, grand rounds are cancelled to permit individual meetings with residents and mentors. At these meetings, residents and their mentors should discuss progress in residency, identified areas for self-improvement, current or upcoming projects, use of educational leave, resident expert talks, developing areas of personal interest, career development, and any other issues identified by the resident or mentor.  

C) Mentoring Committee  
1) After quarterly mentor/mentee meetings, faculty who serve as resident mentors meet as a group to review the career progress of individual trainees and share ideas for helping each trainee to meet his/her goals.  

VIII) Moonlighting  
A) Introduction  
1) Dermatology Residents are not required to moonlight, but are permitted to moonlight both internally and externally under certain circumstances. Generally, residents are not permitted to moonlight seeing dermatology patients until their 3rd year of dermatology residency. Those dermatology residents who are board certified in other specialties may be permitted to moonlight in their other specialty (at the discretion of the program director) at an earlier time.  

B) Resident Responsibility  
1) Because residency education is a full-time endeavor, Dermatology Residents must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational program.  
2) Residents are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning.  
3) Dermatology Residents are responsible for complying with the Dermatology Training Program’s Duty Hours Policy, which has been approved by the Graduate Medical Education Committee and is consistent with the UCSF Policy on Duty Hours.  
4) **It is the responsibility of the Dermatology Residents to obtain written permission to moonlight from the Program Director prior to applying for or beginning any moonlighting activity, for both “internal” and “external” moonlighting** (see below for definitions of internal and external). Any and all patient care activities outside of the specific duties of the residency program are considered moonlighting, including both in-person and telemedicine activities. Other
professional activities in any way related to a resident’s training or experience as an MD that may generate income in the form of salary, fees, consulting payments, royalties, honoraria, stipends, stock, stock options, ownership rights, expense reimbursement, gifts, or other compensation may be considered moonlighting and must be presented to the program director for review before such activities may occur. Permission for moonlighting must be obtained using the appropriate moonlighting form (i.e. external or internal) which requires both the Program Director and Resident signatures as well as information regarding the moonlighting activity (including the scope of work, maximum hours permitted, supervising physician, etc.).

5) Residents who are moonlighting, both internally and externally, will fill out **monthly reporting forms** regarding their moonlighting activities. These monthly forms must accurately reflect all moonlighting hours and activities. Moonlighting residents must give consent, upon request, for the program to verify moonlighting hours and activities with outside employers.

6) Any change in moonlighting hours, activities, scope, or supervision require the written approval of the program director.

7) Residents must report to the program director within one business day any substantial adverse events involving injury to a patient, medical or surgical complications requiring the intervention of another physician, as well as any legal or administrative actions sought or taken against the trainee, which occur during the course of a resident’s moonlighting activities.

C) Program Responsibility

1) The Program Director will also monitor resident performance in the program to ensure that moonlighting activities are not adversely affecting patient care, learning, or resident fatigue.

2) If the Program Director determines that the resident’s performance does not meet expectations, permission to moonlight will be withdrawn.

3) Monitoring information will be reviewed periodically with the Dermatology Resident Education Committee. The GMEC will periodically review reports by the Program Director regarding moonlighting activity.

D) Internal vs External Moonlighting

1) Internal Moonlighting:
   (a) Internal moonlighting is defined as extra work for extra pay performed at a site that participates in the resident’s training program. This activity must be supervised by faculty and is not to exceed the level of clinical activity currently approved for the resident. While performing internal moonlighting services, residents are not to perform as independent practitioners. Internal moonlighting hours must be documented and they must comply with the written policies regarding Duty Hours as per the Dermatology Training Program, UCSF and ACGME.

2) External Moonlighting:
   (a) External moonlighting is defined as work for pay performed at a site that does not participate in the resident's training program. External moonlighting hours must be documented (including days, hours, location, and full description of type of service(s) provided) in order to comply with Medicare reimbursement requirements for GME. For external moonlighting, the resident is not covered under the University's professional liability insurance program as the activity is outside the scope of University employment. The resident is responsible for his/her own professional liability coverage (either independently or through the
entity for which the trainee is moonlighting), DEA licensure, Medicare, provider number and billing training, and licensure requirements by the California Medical Board and any other requirements for clinical privileging at the employment site. Residents performing external moonlighting will be required to file copies of all required professional liability insurance with the program coordinator before beginning such activities, as well as paid DEA licensure if prescribing any controlled substances. For dermatology residents, external moonlighting must involve appropriate supervision by a board-certified physician. Residents must accurately disclose their level of training and position as a resident when moonlighting externally.

VIII) Duty Hours and Resident Fatigue

A) Duty Hours

1) 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, and scheduled academic activities such as conferences. Consistent with ACGME regulations, duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all UCSF training sites including, but not limited to, the VA, SFGH, Mt. Zion, and Moffitt-Long hospitals.

2) Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house teaching sessions, outpatient clinic hours, in-house consult activities and moonlighting. On-call periods spent outside of the hospital do NOT count towards the 80 hour cap.

3) Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period. No at-home call can be assigned during these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

4) Duty periods must not exceed 16-hours in the hospital for PGY-1 residents and 24-hours in the hospital for all other residents – this rule should not impact dermatology residents.

5) Intermediate-level residents [the Dermatology RRC defines these as first year (PGY2) and second year (PGY3) derm residents] should have 10 hours free of duty, and must have eight hours free of duty between scheduled duty periods. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.” Practically, this means that inpatient consult residents need to complete their daily duties and leave the hospital by 9:30pm on almost all occasions, and 11:30pm at the latest, but are permitted to return for urgent calls after that time without violating the rule.

6) Residents in the final years of education [the Dermatology RRC defines these as third year (PGY4) derm residents] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. Eight hours free between duty periods is desirable, but there may be circumstances when fewer than eight hours free of duty are allowed for 3rd year derm residents. However, the 80-hour rule, and the one-day-off-in-seven standards still apply to 3rd year derm residents.

B) On-Call Activities

1) The residents in the Department of Dermatology DO NOT have in-house call.
2) The Department of Dermatology does not admit to its own inpatient service. Dermatology patients requiring admission are admitted to the Internal Medicine or Family Practice services. No Dermatology resident has primary responsibility for the care of any inpatient.

3) At-home call (pager call) is defined as call taken from outside the assigned institution.
   (a) The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   (b) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   (c) The inpatient consult rotations are scheduled with mandatory hospital departure times during weekdays in order to comply with the rest period requirements. Occasionally returning to the hospital during a rest period for unanticipated urgent consults is not a violation of the rest period rules.
   (d) The Program Director and the faculty monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

C) Transitions of Care and Handoffs
   1) Clinical assignments are designed to minimize the number of transitions in patient care.
   2) The inpatient consultative dermatology rotation teaches best practices to ensure patient safety, and the rotation guidelines specify structured handoff procedures including required data to be transmitted in written and electronic formats.
   3) On outpatient rotations, those patients with complex medical problems who are at the highest risk from transitions in care should be cared for in continuity clinics. Residents should document in the medical record adequate information to allow any physician to safely assume the care of all clinic patients, and should communicate with colleagues to ensure patient safety and maximize quality of care.

D) Methodology for Data Collection
   1) Work hours are monitored and recorded twice yearly.
      (a) The Program Coordinator and Program Director compile work hours data and report it yearly using the ACGME WebADS system. This occurs between November and January.
      (b) Once during the year residents may also be asked to carry a card for a week on which each resident lists his/her time in and time out. At the conclusion of the reporting period, the cards are submitted to the Program Director for review.

E) Stress and Fatigue
   1) Education
      (a) The residents are required to review the presentation entitled “Monitoring Fatigue and Performance: Implications for Resident Duty Hours” by David F. Dinges, PhD, on the GME website at http://www.medschool.ucsf.edu/gme and sign a form attesting they have done so.
(b) Fatigue education will also take place during resident/fellow orientation for new and continuing Dermatology Housestaff by the Residency Program Director on July 1 of each academic year.

(c) Fatigue education for the faculty consists of annual review of the presentation entitled “Monitoring Fatigue and Performance: Implications for Resident Duty Hours” by David F. Dinges, PhD on the GME website at http://www.medschool.ucsf.edu/gme and notify the Program Coordinator, in writing, that they have done so.

2) Monitoring Methodology
   (a) Faculty assessment: Residents spend a minimum of 3 to 4 hours each day in face to face interactions with an attending. The faculty assesses by observation residents fatigue and stress levels on a daily basis. Faculty and residents are educated to recognize the signs of fatigue in each other and themselves and adopt and apply policies to prevent and counteract the potential negative effects.

   (b) Resident self-assessment: If a resident feels that they are fatigued or that any stressors are affecting their ability to function as a resident physician, he/she must bring this to the immediate attention of an attending.

3) Back-up Systems for Fatigue
   (a) If a resident reports being or is found to be under stress or fatigue that impacts his/her ability to function as a resident physician, he/she is sent home and the attending or another resident will cover the responsibility. The department will fully reimburse the resident for the cost of taxi transportation from the clinical site to his/her home and back to the clinical site (round trip).

IX) Resident Supervision

A) Faculty Supervision of Residents in Clinics
   1) All patient care in clinics is supervised directly by qualified faculty.

   2) At all three clinical sites, full-time faculty directly supervise residents on-site during patient care activities in the clinics. This continuous supervision and consultation is clearly documented on the faculty attending schedules at all three sites.

   3) There must be a ratio of resident to faculty in patient care settings of 3 to 1 or less.

   4) Faculty must not have other obligations during teaching time.

   5) Faculty members functioning as supervising physicians delegate portions of care to residents based on the needs of the patient and the skills of the trainees. The privilege of progressive authority and responsibility, conditional independence, and supervisory roles in patient care delegated to each resident are assigned by faculty based on demonstrated resident competency.

B) Faculty Supervision of Residents During On-Call Activities
   1) Because on-call activities often involve indirect supervision, residents are delegated the conditional independence and progressive authority to undertake evening and weekend call activities only after they have undergone more directly supervised consultation in specified rotations, and after the program director gives approval.

   2) On-call residents responsible for consults in the inpatient setting present all patients to faculty members, who may directly or indirectly supervise the consult resident. (See separate departmental communication policy regarding when immediate attending notification is required for inpatient consultations, and regarding backup attendings).

   3) For weekend/holiday call, the on-call resident is expected to contact the on-call attending at the beginning of the call period (5pm on Friday, for instance) to
confirm contact numbers, review existing patients (as needed), discuss plans for rounding (as needed), and discuss contingencies for reviewing new consults.

4) The ward attending schedule provides the residents with a rapid, reliable system for communicating with supervising faculty about inpatient consults.

5) The ward attending is available to the consult resident 24 hours per day, 7 days per week, by pager and telephone. The separate attending notification policy identifies a series of back-up attendings, who are available 24 hours per day, 7 days per week.

X) Academic Due Process and Dismissal Policies

A) The Dermatology Residency Program abides by the UCSF GME Academic Due Process Policy, which sets forth administrative and academic actions (such as counseling letter, notice of concern, probation, suspension, requirement to repeat an academic year, non-renewal of contract, dismissal, etc.). Importantly, this policy also establishes procedures that residents may use to resolve differences when such actions occur, and lays out appeals processes for certain appealable actions. The complete policy is available in the UCSF GME Resident Handbook and online at the UCSF GME Website.

B) In accordance with the University GME Dismissal policy and the Academic Due Process Policy, a trainee may be dismissed from the Dermatology Residency Program for academic deficiencies. This action is appealable to the Dean of the School of Medicine. Reasons for dismissal may include, but are not limited to the following:

1) A failure to achieve or maintain Dermatology Training Program standards in any competency area;

2) A serious or repeated act or omission compromising acceptable standards of patient care, including by not limited to an act which constitutes a medical disciplinary cause or reason;

3) Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the Dermatology Training Program;

4) A material omission or falsification of an application for the Dermatology Training Program, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF’s billing rules shall be forwarded to UCSF’s Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF’s Corporate Compliance Program.

XI) Resident Well-Being

A) The Dermatology Residents have access to a variety of systems for supportive intervention for dependency treatment and to obtain counseling services for a broad range of personal problems (i.e. workplace stress, anxiety management, personal or work relationships, depression, grief and loss, caregiver concerns, etc.).

B) The Dermatology Department recognizes a broad range of personal issues may arise during the course of a residency and encourages Residents to use any of the following services when necessary:

1) The UCSF Physician Well-Being Committee offers assistance to physicians who have or might have problems with substance abuse or physical or mental illness that might affect their health or well-being or impact the safeguarding of patient care.

2) The Faculty and Staff Assistance Program (FSAP) provides voluntary, confidential, and individual counseling services to the employees of the University of California,
San Francisco. This includes all UCSF residents regardless of their current hospital rotation site. The FSAP team consists of licensed counselors who provide consultation and counseling services. http://www.ucsfhr.ucsf.edu/assist/index.html

3) The UCSF Work-Life Resource Center offers mediation services through its problem resolution center and houses the UCSF Office of Sexual Harassment Prevention and Resolution.

C) These and other options are described in the UCSF GME Resident Handbook and online at the UCSF GME Website.

XII) Sexual Harassment and Non-Discrimination

A) Policy

1) It is the policy of UCSF School of Medicine that no residents be discriminated against because of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical disability or medical condition as defined in Section 12926 of California Government Code, status as a Vietnam-era veteran or special disabled veteran, or within the limits imposed by law or university regulations, because of age or citizenship.

B) Resources

1) The following offices have been designated as resources. Residents who believe they may have been subjected to discrimination and/or gender, sexual or other forms of sexual harassment in the workplace may seek guidance and counseling.
   (a) Office of Sexual Harassment Prevention & Resolution, (415) 476-5186
   (b) Office of Affirmative Action/Equal Employment Opportunities/Diversity (415) 476-4752
   (c) Faculty and Staff Assistance Program (FSAP), (415) 476-8279

2) The University’s confidential sexual harassment procedure is available at: http://www.ucsf.edu/oshpr/policies/policy.html.

XIII) UCSF School of Medicine Guidelines for Interactions Among UCSF Faculty, Students and Staff, and Industry

Preamble: The following guidelines are being distributed to faculty, students and staff of the School of Medicine regarding the relationship with the health care industry. The guidelines were developed to provide guidance to the School of Medicine and ensure independence of clinical decision making, educational curriculum and research programs. They are meant to be an interim step in the development of more broad-based policies for all UCSF faculty, students and staff.

General Principles: The UCSF School of Medicine policy is developed to ensure that all interactions with industry be conducted in ways that avoid actual or perceived conflicts of interest. Because of the importance of the relationship between industry and the University community, when conflicts arise, they must be addressed appropriately and all attempts must be made to minimize conflicts that affect clinical care, education or research. All faculty, students and staff have a responsibility to ensure, to the best of their abilities that all decisions about clinical care, research activities and educational content are independent and unbiased. Decisions should made in the best interests of patients, students and the University and should not be based on any actual or perceived personal benefit that might be derived to the
individual. The University has a long history of collaboration with industry, including pharmaceutical companies and medical technology companies. These collaborations have benefited patients, our educational programs and research activities. However, these interactions could have the potential for undue and deleterious influence by industry on the activities of the School of Medicine, its faculty, students and staff. The following guidelines have been adopted to minimize the potential for real or perceived bias in clinical care, education or research. The goal of these guidelines is to ensure, to the extent possible that clinical decision making, educational program content and research activities are as free from bias and outside influence as possible and that all real or potential conflicts are disclosed and resolved. The guidelines cannot identify every potential conflict, but provide general principles upon which faculty, students and staff should act. It is incumbent upon each of us to comply with the guidelines and, when real or potential conflicts are identified to disclose and eliminate them to the extent possible.

A) Guidelines Regarding School of Medicine Relationships with Industry

1) Compensation or Gifts
   (a) **Personal gifts from an industry representative may not be accepted by any faculty, student or staff at any School of Medicine site, as part of any work-related activity or during any clinical or other educational rotation.**
   (b) Individuals may not accept compensation, including reimbursement for expenses, associated with attending a CME or other activity in which the attendee has no other role. Reasonable honoraria and payment of expenses may be provided for speakers at accredited educational meetings, consistent with guidelines developed by the Accreditation Council for Continuing Medical Education (ACCME) and University policy. Residents are permitted to receive travel support from the AAD’s resident travel program, which is funded by an unrestricted grant.
   (c) No gifts or compensation [including meals] may be accepted in exchange for listening to a sales talk or similar presentation by a representative of a commercial interest that produces or distributes health care goods and services.
   (d) **Faculty, students and staff are strongly discouraged from accepting gifts of any kind from industry as part of non-professional activities.** Individuals should be aware of and comply with applicable policies, such as the AMA Statement on Gifts to Physicians from Industry (http://www.ama-assn.org/ama/pub/category/8484.html) and the Accreditation Council for Continuing Medical Education Standards for Commercial Support (http://www.accme.org).
   (e) **Meals and other gifts or donations funded directly by industry may not be provided at any UCSF School of Medicine location.** Vendors and other industry representatives may provide unrestricted funds to departments or divisions for educational programs. The funds will be managed according to the Standards for Commercial Support of the ACCME.
   (f) No gifts may be accepted in exchange for modifying patient care, such as prescribing a specific medication. Support for research and educational programs must be provided without influence on clinical decision making.
   (g) **Free samples, supplies or equipment designated for an individual are considered a gift and are prohibited.** Vendors may donate products for education or educational purposes to a department or division, if the University invites the donation and there is a formal evaluation process. Sample donations are restricted to the amount necessary to complete the evaluation. Items may be provided to the University or Medical Center at a discount or free as part of a formal contract and, under these conditions are not
considered a gift. Other policies related to the management of samples must comply with the specific policies and procedures of each Medical Center. Faculty must abide by the policies developed at the clinical sites in which they practice.

B) Industry Support for Educational Programs

1) Commercial support for educational programs must be free of actual or perceived conflict of interest.

2) All educational programs within the School of Medicine must abide by the Standards for Commercial Support established by the ACCME. This requirement applies to all undergraduate, graduate, and continuing medical education programs regardless of whether continuing medical education credit is offered.

3) All funds provided by industry or an industry representative to support educational programs must be given the University as an unrestricted grant. The funds can be provided to the Department, Program or Division, but cannot be given to an individual faculty member, student or staff. This requirement applies to all funds for meals or refreshments, speaker honoraria, or any other expense related to an educational program and includes noon conferences, grand rounds, and lectures at all UCSF sites. Funds that are provided by educational groups or other entities that act as “intermediaries” for industry must also be provided as unrestricted grants.

4) No gifts may be accepted in exchange for listening to a lecture or presentation by a representative of a commercial entity that produces health care or medical goods and services.

5) Vendors may provide educational activities on a UCSF site only if they are requested to do so by the department chair or designee. Participants in an educational program may not be required to attend any educational session in which an industry representative disseminates information about their products or services except when such services are provided as part of a contract for in-service or other training as part of an executed purchase decision.

6) The content of all educational programs will be determined by the UCSF program planning group and, when appropriate the CME office. Industry sponsors of educational programs may not determine the content or selection of speakers for educational programs.

7) These requirements do not apply to meetings governed by ASCCME Standards or meetings of professional societies and other professional organizations that may receive partial industry support. Individuals who actively participate in meetings or conferences that are supported in whole or in part by industry, including lecturing, organizing the meeting or moderating sessions should abide by the following requirements:
   (a) Financial support should be fully disclosed by the meeting sponsor
   (b) The content of the meeting or session must be determined by the speaker, not the industry sponsor
   (c) The speaker must provide a fair and balanced discussion
   (d) The speaker must make clear that the comments and content reflects the individual views of the speaker and not the University of California, the UCSF School of Medicine, or the Department

8) Faculty, students and staff should carefully evaluate whether it is appropriate to participate in off-campus meetings or conferences that are fully or partially sponsored by industry because of the high potential for real or perceived conflict of interest.
C) Provision of Scholarships or Other Educational Funds for Students and Trainees

1) Industry support for students and trainees participation in education programs must be free of any real or perceived conflict of interest. All educational grants or support of educational programs must be specifically for the purposes of education and must comply with the following requirements:
   (a) The School of Medicine Department, Program or Division must select the student(s) or trainee(s) for participation.
   (b) The funds must be provided to the Department, Program or Division and not directly to the student or trainee.
   (c) The Department, Program or Division determines that the education conference or program has educational merit.
   (d) There is no implicit or explicit expectation that the participant must provide something in return for participation in the educational program.

2) This provision does not apply to regional, national or international merit-based awards which will be considered on a case-by-case basis.

D) Disclosure of Relationships with Industry

1) Faculty and staff must disclose all financial interests with outside entities in accordance with UCSF and University of California policy. The specific disclosure obligation and method is dependent on the activity.
   (a) For research activities the relationship must be disclosed to the UCSF Conflict of Interest Advisory Committee: http://www.research.ucsf.edu/coiac/coiacPolicy.asp
       http://www.ucop.edu/research/disclosure.html
   (b) All publications should be in compliance with the guidelines of the International Committee of Medical Journal Editors www.icmje.org.
   (c) All continuing medical education activities must be disclosed and resolved as defined by the Office of Continuing Medical Education and the ACCME http://www.accme.org.

2) Faculty or staff who serve as consultants, members of a speakers’ bureau, have an equity interest in or another relationship with industry for which they receive personal compensation or other support must recues themselves from deliberations or decision making regarding the selection of products or services to be provided to the Medical Center or School of Medicine (e.g.; selection of drugs to be added to the formulary) by the company. Faculty with such ties to industry shall not participate in decisions regarding the purchase of related items, drugs, procedures in their department unless specifically requested to do so by the purchasing unit and after full disclosure of the faculty member's industry relationship. Under all circumstances the financial relationship must be disclosed and any conflict resolved prior to participation in any decision making.

3) Faculty and staff are prohibited from publishing articles that are substantially or completely “ghost” written by industry representatives. Faculty and staff who publish articles with industry representatives must participate in the preparation of the manuscript in a meaningful way to include interpretation of data and/or the writing of the manuscript and shall be listed as authors or otherwise appropriately cited for their contribution. The financial interests of all authors shall be listed in accordance with the standards of the journal.

4) Faculty with financial relationships with industry must ensure that the responsibilities to the company do not affect or appear to affect the ability to properly supervise and educate students, residents and other trainees, nor influence employment decisions.
for faculty and staff. All such relationships must be disclosed and resolved as defined by ACCME.

E) Access by Sales and Marketing Representatives to Faculty, Staff and Students

1) Faculty and staff at each UCSF site must abide by the policies and procedures for each institution (UCSF and UCSF Medical Center, SFGH and VA Medical Centers with regard to meeting with industry representatives. **In general representatives are permitted in non-patient care areas by appointment only.** Company representatives are not permitted in any patient care areas except to provide scheduled and approved in-service training on devices and other equipment for which there is an executed University contract for these services.

XIV) Additional Policies

A) Parking

1) It is against statewide UC policy to cover parking expenses for faculty, residents, and staff. However, the department obtained special approval from the Dean’s Office for covering excess parking expenses when approved monthly parking expenditures exceed the baseline monthly rate for residents on Parnassus ($138 as of June, 2012). All parking receipts for a single calendar month must be submitted together within 21 days after the end of the month. **When the total monthly bill for parking at approved locations (listed below) exceeds the cost of a monthly housestaff permit on Parnassus ($127 as of June, 2011), the department will reimburse the difference, up to a maximum of $15 per day for continuity clinics or grand rounds.** Please complete a Dermatology Service Request and submit it to Chris Walker in Rm 340.

2) Moffitt-Long (consult and Bw residents)
Housestaff may purchase a parking permit at the University Parking Office located on "G" level under the West wing of Millberry Union. Identification (a driver license) is required. The Parking Office must verify the applicant's status as a trainee. A hangtag is displayed on the inside mirror and a cardtrol is issued to open the garage gate. The cost of a parking permit is high, so that many trainees elect to purchase privileges for only ward months. Each permit holder is liable for late charges if the cardtrol is not returned and citations are issued for an expired hangtag on the 5th working day (weekends and holidays excluded) of a new month. Parking fees are regulated by a University of California systemwide policy. During ward service months, residents who have purchased an HS permit may submit individual parking receipts (as described above) when attending Wednesday Grand Rounds at MZ. For evening and weekend consults at Moffitt-Long, parking in the main parking garage is free for residents upon showing their ID badge with a department-paid “L” permit sticker affixed.

3) San Francisco General Hospital
Housestaff may purchase a parking permit at the SFGH Parking Garage. This parking permit is for use in the parking areas located on the hospital grounds. A hangtag is displayed on the inside mirror of the vehicle. A UCSF Identification Badge and certification by the Dean’s Office at SFGH are required when purchasing a parking permit. The San Francisco Department of Parking and Traffic (DPT) determines the parking fees. Neither SFGH nor the Dean’s Office at SFGH has any authority over parking fees at SFGH. The institutional police are available to escort residents to their cars 24 hours per day. For residents returning to SFGH at night or on weekends to see consults, a limited number of dedicated parking spaces are available in the garage utilizing a departmental swipe card. During SFGH months,
residents may submit individual parking receipts (as described above) for daily parking when attending Wednesday Grand Rounds at MZ, continuity clinic at a site other than SFGH, or Friday morning clinics assigned at MZ.

4) Veterans’ Administration Medical Center
Housestaff may park on campus but must register their car with the VA police, located on the ground floor at the entrance of building 203. Once registered, housestaff may buy a monthly pass at the cashier’s desk located in building 2, room 63 or housestaff may pay for parking on a daily basis. The machine to purchase the daily pass is located in the employee parking lot towards the northwest side. Both the VA sticker documenting the registration of the vehicle and either the current monthly pass or daily parking pass must be prominently displayed; if not there is a high likelihood of a ticket. Because the cost of parking permits at the VAMC is far below those at Parnassus, even those residents parking at other sites for Grand Rounds and/or continuity clinic usually do not meet the minimum threshold for reimbursement. There is also limited street parking in the surrounding neighborhood and parking in the lot behind the Legion of Honor.

5) Mt. Zion Medical Center
While rotating at Zion, a limited number of monthly parking passes are available for the private covered garage on Sutter and Divisadero, and residents will need to make arrangements with the academic office to secure a space. These are tandem parking spots, so residents will need to work closely with their parking partner to share the tandem spot. In the tandem spaces, one car must be parked directly behind the other. If you park in a regular (non-tandem) space once entering the garage, your pass will be invalidated by the garage and all of our departmental parkers will be charged $30 per day for violating their rules. The garage audits parking daily so do not to park in a free space even though they are abundant. Once the garage next to our building is complete, new resident parking may open up at another UCSF lot, and additional information will be shared once available.

B) Additional information on GME Services and Policies not discussed in this handbook (such as benefits, police & security, scientific misconduct, etc.) is available in the UCSF GME handbook and on the UCSF GME website.
Appendix 1: Attending Notification Policy for Trainees
UCSF Department of Dermatology Inpatient Consult Services (Updated June 1, 2011)

These guidelines apply to both weekday and weekend ward coverage for all dermatology residents and other trainees covering Inpatient Dermatology Consultation services at UCSF Moffit-Long, UCSF Mt. Zion, SF VA Medical Center, and SF General Hospital.

The covering ward attending should be notified immediately (generally within 1 hour) when a trainee:

1) Receives a consult on, evaluates in consultation, or is notified of the pending admission of any patient suspected of having a life-threatening skin disease. Examples of such skin conditions include:
   (a) Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis, or a severe drug reaction
   (b) Erythroderma of any cause
   (c) Widespread bullae
   (d) Widespread pustules
   (e) Widespread skin pain
   (f) Widespread purpura or purpura with fever
   (g) Necrotizing fasciitis
   (h) Receives a consultation for an immunosuppressed patient, a newborn or infant, or a patient in the ICU
   (i) Receives a consultation requiring an urgent skin biopsy
   (j) Receives a request from nursing staff, another physician, a patient, or a family member asking that an attending be contacted

2) Becomes aware of an existing patient on the dermatology consult service who:
   (a) Is transferred to an ICU
   (b) Dies
   (c) Experiences a serious/concerning change in skin condition
   (d) Has a life-threatening or serious skin disease and leaves against medical advice or is discharged earlier than the dermatology attending expected or advised

3) Feels that a patient care situation is more complicated than he/she can manage, or feels unable to perform his/her duties for any reason.

The covering ward attending should be notified by the end of the afternoon (5pm) or beginning of the morning (9am), whichever occurs first, for:

1) Any new routine consultation
2) A routine skin biopsy request

Specifically for Moffit-Long and Zion inpatients, the assigned ward on-call attending is the official contact for the on-call resident, and the on-call resident should utilize that attending to discuss all issues as described in the ward rotation overview documents. For simple logistical questions that do not require attending notification, a third-year resident is assigned each month to serve as a reference (but not to attend on any patient). However, in the event that the on-call resident is ever unable to reach the on-call attending, the following backup contacts should be utilized for adult patients (in order from top to bottom):

1) The medical dermatology fellow, when there is one (only when none of the immediate attending notification requirements listed above apply)
2) On weekends or holidays, the regular monthly ward attending (Fox, Shinkai, or Rosenblum)
3) Any other consultative dermatologist not on call (Fox, Shinkai, or Rosenblum), or the program director, or the associate program director (by cell phone)

For pediatric inpatients, if the on-call pediatric dermatology fellow or attending are unavailable, the resident may contact any other pedi-derm fellow or pedi-derm attending as backup. If they are unable to reach any of these backups, they may also all any of the adult consultative dermatologists, the program director, or the associate program director (by cell phone).
## Appendix 2: UCSF Dermatology Residency Surgical Log Minimum Expectations (by year)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excision – Benign</strong> (cysts/nevi/lipomas/keloids)</td>
<td>15</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td><strong>Excision – Malignant</strong></td>
<td>35</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Nail Procedures</td>
<td>1 (O)</td>
<td>1 (O)</td>
<td>1 (O)</td>
</tr>
<tr>
<td>Repair (Simp/Int/Complex)</td>
<td>50</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>Grafts (Split/Full)</td>
<td>5 (O)</td>
<td>5 (O)</td>
<td>5 (O)</td>
</tr>
<tr>
<td>Flaps</td>
<td>10 (O)</td>
<td>10</td>
<td>5 (O)</td>
</tr>
<tr>
<td>Amb Phlebectomy</td>
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<tr>
<td>Dermabrasion</td>
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<tr>
<td>Chemical Peel (Sup)</td>
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<td>1 (O)</td>
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</tr>
<tr>
<td>Chemical Peel (Deep)</td>
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<tr>
<td>Liposuction</td>
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<td></td>
<td></td>
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<tr>
<td>Hair Removal Laser</td>
<td>1 (O)</td>
<td>3 (O)</td>
<td>3 (O)</td>
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<tr>
<td>Vascular Lesion Laser (PDL/KTP)</td>
<td>3 (O)</td>
<td>5 (O)</td>
<td>5 (O)</td>
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<tr>
<td>Pigmented Lesion Laser</td>
<td>1 (O)</td>
<td>3 (O)</td>
<td>3 (O)</td>
</tr>
<tr>
<td>Resurfacing/Ablative Laser</td>
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<td>1 (O)</td>
<td>1 (O)</td>
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<tr>
<td>Non-ablative Rejuvenation</td>
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<tr>
<td>IPL</td>
<td>1 (O)</td>
<td>3 (O)</td>
<td>3 (O)</td>
</tr>
<tr>
<td><strong>Mohs Micrographic Surgery</strong></td>
<td>45 (O)</td>
<td>30 (O)</td>
<td>25 (O)</td>
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<tr>
<td>Sclerotherapy</td>
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<td>3 (O)</td>
<td>3 (O)</td>
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<td>Hair Transplant</td>
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<tr>
<td>Fillers / Soft Tissue Augmentation</td>
<td>1 (O)</td>
<td>3 (O)</td>
<td>3 (O)</td>
</tr>
<tr>
<td>Rhinophyma Correction</td>
<td></td>
<td>1 (O) over 3 years</td>
<td></td>
</tr>
<tr>
<td>Lip Excision / Wedge</td>
<td>1 (O) over 3 years</td>
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<td></td>
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<tr>
<td>Scar Revision</td>
<td></td>
<td></td>
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<tr>
<td>Botox</td>
<td>5 (O)</td>
<td>5 (O)</td>
<td>5 (O)</td>
</tr>
</tbody>
</table>

Excisions include all ellipses or other excisional procedures (but not punches, shaves, or C&Ds)

Repairs should be logged separately for all side to side closures / linear repairs (both following simple excisions and Mohs cases)

The higher number of excisions and repairs expected during the R1 year reflects the months of VA and SFGH Surgery clinics (excision days and Mohs days) on top of the dedicated surgery month at Zion

Numbers of cases followed by (O) indicates that the resident may either perform or observe cases in that category. If no (O) is listed, the resident is expected to document the cases as surgeon. If the resident is involved in the design of a repair and personally performs more than 80% of the sutures, then it may count as perform (rather than observe).

Categories with no numbers listed have no minimum.

Residents should NOT stop logging cases when they reach the minimum number. Additional cases may help establish competency both during residency and for future credentialing.

The dermsurg faculty will review resident case logs at the beginning of each surgery rotation to ensure that a plan is in place to help the resident achieve the listed minimums.

The residency director will review case logs with the trainee semi-annually.