FELLOWSHIP IN PEDIATRIC DERMATOLOGY

TYPE OF FELLOWSHIP: One-year clinical fellowship

Number of fellowship positions requested: One

Academic affiliation: McGill University, Department of Pediatrics, Division of Dermatology

- Name of hospitals involved in training: Montreal Children’s Hospital: Glen site

- Background:

Pediatric Dermatology at the MCH is primarily an outpatient clinic service. It also frequently responds to urgent referrals from the emergency room, wards, outpatient clinics within the hospital and outside physicians. Five to seven half-day Pediatric Dermatology clinics take place per week. The division receives approximately 5000-6000 patient-visits per year.

We evaluate and manage a wide range of dermatological conditions, the most common being atopic dermatitis (eczema), acne vulgaris, infantile hemangiomas, vitiligo and psoriasis. We also assess a variety of birthmarks and skin tumors or nevi. Skin infections (tinea, impetigo, molluscum, facial warts) are also an object of frequent referrals. We have the expertise to diagnose and treat rare dermatological conditions and rashes including disorders of the hair and nails, genetic skin conditions and rheumatological conditions such as morphea or lupus.

Specialty Clinics or Treatments:
- General Pediatric Dermatology Clinic
- Phototherapy
- Dermatological Surgery Clinic
- Genodermatoses Clinic
- Joint Rheumatology-Dermatology Clinic
- Hemangioma Clinic

- Mission:

The 1-year of fellowship in pediatric dermatology is designed to allow the trainee to gain knowledge and develop expertise in the diagnosis, evaluation and management of dermatological conditions presenting in the pediatric population.
Graduates of the fellowship are expected to have developed competence and leadership in the operation of a busy pediatric dermatology practice, as well as in academic activities related to the field of pediatric dermatology.

Objectives:
Upon completion of training, the clinical fellow will have acquired a vast body of knowledge, perfected technical skills and developed the professional attitudes expected of an expert in the field of pediatric dermatology, and detailed as follows according to the CanMeds framework of competencies:

1. Medical expert
   a) Acquisition of extensive knowledge of the pathophysiology, clinical manifestations, diagnosis and management of the common and less common skin conditions presenting in childhood:
      - Atopic Dermatitis and other eczematous eruptions of childhood
      - Acne Vulgaris
      - Infantile Hemangiomas, other proliferative tumors and vascular anomalies
      - Psoriasis
      - Genodermatoses
      - Cutaneous infections
      - Birthmarks
      - Neonatal, infantile, childhood and adolescent dermatoses
   b) Development of a good knowledge base of the many dermatological conditions presenting in children along with general concepts related to their optimal management.
   c) Acquisition and consolidation of notions of embryology, immunology and genetics and how they relate to dermatological conditions in childhood
   d) Development of the competent and safe use of therapeutics in the pediatric population
   e) Development of expertise for the proper and safe use of laser therapies in Pediatric Dermatology
2. Communicator
a) Ability to communicate with patients of all ages and their families by adapting one's behavior to take into account the age of the patient and their psycho-social background.
b) Acquire skills to interact effectively with referring physicians, other health professionals and the public.
c) Ability to obtain a genetic family history and perform basic genetic counseling in relation to a possible genetic skin condition
3. Collaborator
a) Readiness to function effectively as consultant to provide optimal guidance
b) Active involvement in the diagnosis and management of pediatric patients with skin manifestations of systemic disease.
c) Development of teaching skills to junior residents and rotators, as well as to other physicians
4. Manager
a) Ability to function in an organized and orderly fashion
b) Cost-effective use of the supplies provided by the clinic.
c) Appropriate delegation of activities among the team of residents and students
d) Leadership in planning teaching activities for students and residents.
5. Health advocate
a) Capacity to counsel patients and families on preventative measures for Atopic Dermatitis patients.
b) Participation in awareness campaigns, public forums and legislation on sun safety in childhood and adolescents.
c) Counselling schools, childcare workers and the public on appropriate preventative measures against the spread of skin infections and infestations such as molluscum contagiosum, head lice, scabies, and tinea capitis, all the while appeasing anxiety and limiting the inappropriate alienation of affected patients.
6. Scholar
a) Motivation to become familiar with the dermatological literature relevant to the field of
pediatric dermatology

b) Eagerness to contribute to the advancement of the science of pediatric dermatology through research and publications in peer-reviewed journals.
c) Active participation in scientific societies as a speaker or as member of various committees.

7. Professional

a) Understanding of the patients’ and their families’ psychological and social needs, taking into account diversities of race, culture and gender.

NAME OF THE FELLOWSHIP PROGRAM DIRECTOR:
Dr. Fatemeh Jafarian

NAMES OF THE TEACHING FACULTY:
Full-time: Dr. Audrey Lovett, MD, FRCPC; Dr. Fatemeh Jafarian, MD, Dr Barbara Miedzybrodzki MD, FRCPC

ACADEMIC FACILITIES:
Montreal Children’s Hospital (McGill)

FELLOW DUTIES AND RESPONSIBILITIES:

1. Mandatory activities

   Participation in all Pediatric Dermatology Clinics and subspecialty clinics

   Fellow’s clinic 1 half-day per 2 weeks

   Call duty for the MCH only

   Oversee the management of all hospitalized patients requiring dermatological consultation, keeping a log of the patients and cases seen throughout the year

   Attendance at Rounds: Thursdays, 9:00 to 12:00 AM, RVH/glen site, MGH, JGH

   Weekly MCH Pediatric Dermatology teaching rounds on Wednesday AM:

   Planification and distributions of Journal Club article. Leading discussion of the articles

   2 presentation during the year reviewing a topic in Pediatric Dermatology. Topic to be chosen with fellowship director.

   Mentor non-dermatology rotators to present on a topic during Pediatric Dermatology rounds

   Case presentations of difficult and interesting patients seen at the MCH
Possibility of rotations in Dermatopathology, Immunology/ Rhumatology/ Allergy Research and Publications

- Fellow will actively participate in any ongoing research, such as gathering of data, recruitment of patients, chart reviews and procedures. The fellow will preferably have a personal project that will be planned prior to starting the fellowship year.
- Fellow will be required to submit at least one article for publication. The publication can be a case report, a research study or a review article.

2. Recommended activities
- Attend MCH Pediatrics Departmental rounds when feasible and topic is of interest.
- Attend the pre-AAD Society for Pediatric Dermatology meeting or Annual Society for Pediatric Dermatology Meeting. The fellow would be expected to present at the meeting.

CURRICULUM:

1. Intended case load:
   Involved in the management of all complex cases
   See on average 20-30 outpatients visits and 1-10 inpatients per week

2. Reading materials:
   Books
   b) Lawrence A. Schachner, MD and Ronald C. Hansen, MD Pediatric Dermatology, 4th Edition Elsevier 2011

   Journals
   Pediatric Dermatology, Wiley Periodicals, Hoboken, NJ, USA
Websites
http://www.pedsderm.net/ : website of the Society for Pediatric Dermatology
http://www.firstskinfoundation.org/: Foundation for Ichthyosis and Related SkinTypes
http://eczemahelp.ca/: Canadian website of the Eczema Society of Canada dedicated to education, eczema awareness, providing support and supporting research

EVALUATION:
Fellows will be evaluated every 2 months during the year by consensus of the group teaching faculties after a compilation of individual feedback/evaluation.
Acquisition and development of CanMeds competencies will be assessed and reported on evaluation sheets similar to those used for other residents in the training program.
Evaluations will be verbally discussed with the Fellowship Director and presented at the Residency Program Committee.
The fellowship program will be evaluated once a year by the teaching faculty, using a form similar to that used by residents to evaluate the residency program.
Once completed, this evaluation will be submitted directly by the fellow to the Residency Program Director who will subsequently present it to the Residency Program.