

## **FELLOWSHIP IN PEDIATRIC DERMATOLOGY**

**TYPE OF FELLOWSHIP:** One-year clinical fellowship

- **Number of fellowship positions requested:** Two
- **Academic affiliation:** McGill University, Department of Pediatrics, Division of Allergy, Immunology and Dermatology
- **Training sites:**
  - Montreal Children's Hospital (MCH)
  - The Crowley Clinic- Community dermatology clinic
  - Community dermatology accredited option sites –to be determined

**NAME OF THE FELLOWSHIP PROGRAM DIRECTOR:**

- Dr. Barbara Miedzybrodzki

**NAMES OF THE TEACHING FACULTY:**

- Dr. Justina Guirguis
- Dr. Elsa Maciagowski

**MISSION:**

The one 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 including:
  - Acne Vulgaris
  - Atopic dermatitis and other eczematous eruptions in childhood
  - Birthmarks

- Connective tissue disease
  - Cutaneous infections
  - Cutaneous hematology-oncology conditions
  - Drug reactions
  - Genodermatoses
  - Infantile Hemangiomas and other proliferative tumors and vascular anomalies
  - Psoriasis
  - Tinea infections
  -
- b) Development of a strong 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) Acquisition of knowledge and technical proficiency in the full range of common pediatric dermatologic procedures.

## **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 children and adolescents.
- c) Counselling schools, childcare workers, and the public on appropriate preventive 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

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

## ACADEMIC FACILITIES:

The Pediatric Dermatology team operates at 2 teaching sites: the Montreal Children's Hospital (MCH) and at "The Crowley Clinic":

- A) MCH (Glen hospital site): There are teaching clinics on Mondays, Wednesdays, and Fridays. As part of our tertiary care mandate, we offer subspecialized pediatric dermatology care to patients with complex skin conditions. We also cover the inpatient units including NICU, PICU, Hematology-Oncology, as well as Emergency room. We also offer sub-specialized clinics including the: Pediatric Dermatology Surgery clinic, Genodermatosis clinic (on hold), Vascular Anomalies/Hemangiomas clinic. In addition we also offer multidisciplinary clinics such as the Joint Rheumatology-Dermatology clinic as well as Mastocytosis clinic.
- B) The Crowley Clinic: The Crowley clinic is a McGill University approved satellite clinic. MCH pediatric dermatologists run teaching clinics in this facility, in addition to their teaching clinics at the MCH. The clinical exposure at this site is complementary to that of the MCH. As part of the pediatric dermatology rotation, the fellow is required to attend clinics at this site. The teaching clinics are held

Mondays and Tuesdays. In this clinic, the fellow develops essential knowledge and expertise to diagnose and manage more common skin diseases such as acne, eczema, nevi as well as common skin infections such as tinea, mollusca, and warts. In addition to the variety of cases the fellow is also exposed to the management and flow of a large outpatient clinical setting and gain skills and understanding of challenges of this type of practice.

## **FELLOW DUTIES AND RESPONSABILITIES:**

### **1. Mandatory activities:**

- a) To participate in all Pediatric Dermatology Clinics and subspecialty clinics.
- b) Regular day time call duty, as well as evening and weekend on-call coverage.
- c) To oversee the management of all hospitalized patients requiring dermatological consultation, keeping a log of the patients and cases seen throughout the year.
- d) To oversee the completion of subspecialty clinics logbooks.
- e) To attend Dermatology Grand Rounds that are held on Thursdays, 8:00 to 12:00 AM.
- f) To assist in running orientation sessions at the beginning of each block.
- g) Planning and distribution of monthly reading lists for dermatology residents and other rotators.
- h) Assisting in monthly evaluation of residents and other trainees.
- i) Preparing at least 2 presentations during the year reviewing topics of interest in Pediatric Dermatology to give at 2 Dermatology Grand Round sessions.
- j) To attend and participate in local meetings, such as the Montreal Dermatology Society and “Journée Dermatologique Pédiatrique” of Sainte-Justine.
- k) Participate in OSCE simulation for pediatric dermatology cases for the Dermatology residents.
- l) Research and Publications.
  - i. 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 in first month of fellowship.
  - ii. 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**

- a) Attend MCH Pediatrics Departmental rounds when feasible and topic is of interest.
- b) Attend the pre-AAD Society for Pediatric Dermatology meeting or Annual Society for Pediatric Dermatology Meeting.

## **CURRICULUM:**

### **1. Intended case load:**

The pediatric dermatology group at McGill usually provides 7000-8000 patient-visits per year between teaching sites.

### **2. Reading materials:**

#### Books:

- a) Paller AS, Mancini AJ. Hurwitz Clinical Pediatric Dermatology, Elsevier Saunders, 2015.
- b) Lawrence A. Schachner, MD and Ronald C. Hansen, MD Pediatric Dermatology, 4th Edition Elsevier 2010.
- c) Spitz JL. Genodermatoses. A Clinical Guide to Genetic Skin Disorders; Lippincott Williams & Wilkins, 2005.
- d) Harper J, Oranje A, Prose N. Harpers Textbook of Pediatric Dermatology. Wiley-Blackwell, 2011.
- e) Lawrence F. Eichenfield, MD, Ilona J. Frieden, MD and Nancy B. Esterly, MD Neonatal Dermatology, 2nd Edition Elsevier 2008.

#### Journals:

- a) Journal of Pediatric Dermatology
- b) Journal of the American Academy of Dermatology
- c) British Journal of Dermatology

#### Websites:

- a) <http://www.pedsderm.net/> : website of the Society for Pediatric Dermatology
- b) <http://www.ncbi.nlm.nih.gov/omim>: Online Mendelian Inheritance in Man website search engine <http://www.ncbi.nlm.nih.gov/sites/GeneTests/> : medical genetics information resource developed for physicians
- c) <http://www.firstskinfoundation.org/>: Foundation for Ichthyosis and Related Skin Types
- d) <http://eczemahelp.ca/>: Canadian website of the Eczema Society of Canada dedicated to education, eczema awareness, providing support and supporting research

## **EVALUATION:**

1. Fellows will be evaluated every two (2) months during the year by consensus of the 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.

2. The fellowship program will be evaluated once a year, 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 Committee.