### Review Committee for Dermatology

#### Accreditation Action Data
**September 28, 2011**

<table>
<thead>
<tr>
<th>Proposed Actions</th>
<th>Derm</th>
<th>PD</th>
<th>DP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed to Withhold (application)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proposed Probation</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proposed Continued Probation</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proposed to Withdraw accreditation</td>
<td>-</td>
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<td>-</td>
</tr>
</tbody>
</table>

#### Confirmed Actions

<table>
<thead>
<tr>
<th>Accreditation Withheld (application)</th>
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<tbody>
<tr>
<td>Probation</td>
<td>-</td>
</tr>
<tr>
<td>Continued Probation</td>
<td>-</td>
</tr>
<tr>
<td>Accreditation Withdrawn</td>
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</tbody>
</table>

#### Non-Adverse Actions

<table>
<thead>
<tr>
<th>Initial Accreditation</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Continued Initial Accreditation</td>
<td>-</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Voluntary or Administrative Withdrawal

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#### Increase Requests

<table>
<thead>
<tr>
<th>With full review (site visit)</th>
<th>Approved</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied/Deferred</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Separate from full review</th>
<th>Approved</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Denied/Deferred</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

| Resulting net increase in approved positions | 3 | 1 |

#### Site Visit Cycles

| 1 year | - | - |
| 2 years| 2 | 2 | 1 |
| 3 years| 1 | 3 | - |
| 4 years| 5 | 3 | 2 |
| 5 years| 10| 3 | 3 |

#### Progress Reports

| Reviewed a progress report | 8 | 2 | 1 |

#### Miscellaneous

| - | - | - |

#### Need More Info

| Requested progress report | 12 | 6 | 1 |
| Deferred action, pending review of new site visit | - | - | - |

#### Number of Programs Reviewed

| 27 | 13 | 9 |

#### Number of Accredited Programs

| 114 | 46 | 54 |

#### Number of Approved/Filled Positions

| 1302/1228 | 56/43 | 104/90 |

### Notification Deadlines

#### 5 Days After Meeting:
E-mail notification of review status/cycle length automatically sent to program director and DIO.

#### 60 Days After Meeting:
E-mail alert sent stating that Letter of Notification is posted in ADS.

*Until the official letter is posted in ADS, Review Committee staff members are unable/not permitted to discuss the Committee’s action or specific details of the areas of non-compliance.*
CASE LOG NEWS

RESIDENT CASE LOG SYSTEM
In September, Review Committee Chair Dr. Stan Taylor presented the following to the Association of Professors of Dermatology (APD):

The Review Committee for Dermatology, along with representatives from the American Board of Dermatology and the American College of Mohs Surgeons, has worked with members of the ACGME Accreditation Data System staff to update the electronic procedural Case Log System used by dermatology residents. The updated system attempts to provide more accurate data to program directors regarding the volume of cases performed by their residents. In order for the Case Log System to provide accurate reports, data entry must be performed by users who are familiar with the system and who enter data in accordance with user guidelines.

The updated Case Log System went live on September 12, 2011.

All program directors are strongly encouraged to forward the instructional summaries below to their residents/fellows, with directions to read carefully and implement immediately:

- Tutorials and Guidelines on the Use of the ACGME Online Case Log System for Dermatology Residents
- Tutorials and Guidelines on the Use of the ACGME Online Case Log System for Procedural Dermatology Fellows

CASE LOG REMINDER
The Review Committee expects that residents and fellows will enter all procedures performed during their residency or fellowship education in the ACGME Case Log System. Program directors are expected to ensure that all residents/fellows understand how to use the Case Log System and that entries are complete and accurate. Going forward, review of Case Log data will become more important in the accreditation process. Furthermore, Case Log reports play an important role in the credentialing process as graduates enter practice.

NEW CHAIR OF THE REVIEW COMMITTEE
Stan Taylor, MD, who has served as chair of the Review Committee since July 2010, has decided to step down one year early and use his remaining time on the Committee to mentor a new Chair. Dr. Taylor’s tenure on the Committee ends in June 2013. The Committee thanks Dr. Taylor for his dedication and keen interest in improving graduate medical education in dermatology. Dr. Maria Hordinsky will remain as vice chair until her term on the Committee ends in June 2012. The Committee has selected Col. Nicole M. Owens, MD, by unanimous vote, to serve as its next chair. Dr. Owens, a Colonel in the United States Army, is the residency training program director at the at the combined Air Force/Army residency program at the San Antonio Military Medical Center, and an assistant professor of the Uniformed Services University Health Sciences in Bethesda, Maryland.

Dr. Owens had the following to say: “I know all of you [on the Review Committee] are extremely busy and volunteer on the Review Committee as a labor of love. I appreciate that and I am…happy to do the work of the Committee in the best manner I can. I want to thank everyone for the honor and privilege of chairing our Committee and hope that I will represent our Committee in an honest and effective manner. I feel very fortunate to work alongside each of you and thank you for your voluntary time and effort spent doing the work of the Committee. I am especially thankful to [Dr. Taylor] for the wonderful job he has done as chair since I joined the Committee, and for his willingness to help mentor me and guide the Committee with his experience for the next two years.”

ACGME STAFFING CHANGES
Due to re-organization at the ACGME, there will be new leadership and staff support for the Review Committee for Dermatology. Eileen Anthony, MJ will be the new Executive Director effective January 1, 2012. Accreditation Administrator Beth Murphy and Accreditation Assistant Gloria Rouse-LaRue are the other members of the new staff. Contact information for these staff members can be found on the ACGME website, but until January 1, you should continue to contact Dr. Levenberg and her staff with any questions or concerns (contact information is available on p.1 of this newsletter).
DERMATOLOGY MILESTONES
The first meeting of the Dermatology Milestone Advisory and Working Groups convened on October 28 and 29, 2011. The ACGME Milestone Project was designed with the stated goal of producing outcomes-based accreditation requirements for all specialties. Developmental milestones define the level of performance required for each specialty-specific, competency-based educational objective at designated intermediate and final points during residency education. Several of the core medical specialties, including internal medicine, pediatrics, and surgery, have been working over the past several years to produce documents which outline the process for integrating milestones into residency education. Moving forward, this will involve identification of the essential domains of practice, the key sub-competencies within them, and the levels of performance (with specific descriptive language linked to a scale of proficiency) expected at precise points during residency education. The milestones will be linked to assessment tools and integrated into an overall blueprint for outcomes assessment. The short-term goal for the Working Group is to develop an initial draft of a milestones document for residency education in dermatology for the competency areas of patient care and medical knowledge. The ACGME Assessment Committee, an expert panel of physicians, is working to develop milestones for the other four competency areas. Additional details on the progress of the groups will be provided as their work continues, via future editions of this newsletter, as well as on the Review Committee web page.

ACCREDITATION DATA SYSTEM (ADS) UPDATE
In preparation for the next accreditation system, program directors should be aware of one recent change made to ADS: when there is a change in program director, ADS will no longer allow a full version CV to be uploaded. All Review Committees will now receive the ADS CV for new program directors. Most programs have been using the ADS CV already, so this will not be a change. It is the Committee’s hope that those who have been using the full version CV will find that the ADS CV provides all of the information needed. However, if you have questions or concerns about this change, please contact ADS representative Jenna Walls: jwalls@acgme.org. In addition, dermatology programs are not limited to five CVs in ADS as they were in the past. The Committee now expects that all CVs of key faculty members will be entered into ADS.

CONTINUITY CLINIC EXPERIENCES ENCOURAGED
The Review Committee is encouraging all programs to provide a continuity clinic experience for residents. This experience may be added as a requirement in the future. Dermatology continuity clinics have traditionally been venues in which residents can follow a group of patients over one-to-three years. A participating resident need not be the only physician that the assigned patients see, but the majority of visits should include the resident during his or her tenure at the clinic. Historically, this has been a very educational and meaningful experience for the residents.

MOST FREQUENT CITATIONS FOR THE LAST FIVE YEARS
Dermatology 1a. Evaluation of Residents
This citation could indicate resident evaluations are not done at all, or that they are not done semi-annually, or that they are not adequately documented.

1b. Program Personnel & Resources: Responsibilities of Program Director
This citation could address several responsibilities, but often it refers to the program director not ensuring that residents enter (or correctly enter) their data into the ACGME Case Log System.

2. The Educational Program: Procedural Experience
This citation indicates low surgical numbers or imbalanced distribution of cases.

3. Evaluation of Program
This citation could indicate that program evaluations are not done at all, or that they are not done confidentially, or that the evaluations are not used to plan for program improvement.

4. The Educational Program’s Goals and Objectives
This citation could indicate that goals and objectives were not written, or were not written for each assignment at each level, or were not competency-based.

5. Institutional Support: Sponsoring Institution
Most often this citation indicates a lack of protected time for the program director to administer the program.

(continued on p.4)
Procedural Dermatology

1. Institutional Support-Sponsoring Institution
   Most often this citation indicates a lack of protected time for the program director to administer the program.

2. Program Personnel & Resources: Responsibilities of Program Director
   This citation could address several responsibilities, but very often it refers to the program director not ensuring that the Program Information Form (PIF) is completed accurately.

3. The Educational Program: Curricular Development
   Most often, this citation indicates that the fellows do not have the opportunity to interact with personnel from other specialties.

4a. The Educational Program: Goal and Objectives
   This citation could indicate that goals and objectives were not written, or were not competency-based.

4b. Evaluation of Program
   This citation could indicate that program evaluations are not done at all, or that they are not done confidentially, or that the evaluations are not used to plan for program improvement.

5. Evaluation of Residents (Fellows)
   This citation could indicate that resident (fellow) evaluations are not done at all, or that they are not done semi-annually, or that the evaluations are not adequately documented.

Dermatopathology

1. Evaluation of Fellows
   This citation could indicate that [fellow] evaluations are not done at all, or that they are not done semi-annually, or that the evaluations are not adequately documented.

2. The Educational Program: Curricular Development
   Most often, this citation indicates an imbalance between time spent in pathology and/or dermatology.

3. Evaluation of Program
   This citation could indicate that program evaluations are not done at all, or that they are not done confidentially, or that the evaluations are not used to plan for program improvement.

4. Educational Program: Didactic Components
   Most often, this citation indicates insufficient time spent in the laboratory.

5. Responsibilities of Program Director
   This citation could address many different responsibilities, but very often it refers to the program director not ensuring that the PIF is completed accurately.

SUGGESTIONS FOR ADDRESSING CITATIONS

In this new section of the newsletter, one or more frequent citations will be featured and suggestions will be made as to how avoid them. This month, we offer one important citation note.

The Review Committee noted that some programs received the following citation:

“At the time of the site visit, it was reported that summative evaluations had not been completed for all residents who have completed the program.”

The major reason for this citation is that the cited programs did not specifically verify through documentation in the summative evaluation, “…that the resident has demonstrated sufficient competency to enter practice without direct supervision” (PR V.A.2.b.). The Committee would like to remind programs that having the completed, signed copy of the American Board of Dermatology (ABD) application form on-hand for review at the time of a site visit will satisfy this requirement.

UPDATE ON NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities, ACGME

Site Visits after July 1, 2011

Site visits under the 2011 Common Program Requirements began July 12, 2011. No new questions were added to the PIFs; assessment of programs’ compliance with the new standards for resident duty hours, supervision, and other elements of the learning and working environment will be done through a set of questions in ADS. The information collected via ADS will print with the demographic and general information section of the PIF that is entered into ADS. A number of questions in the current PIF also provide information about compliance with the new common standards.

In addition to the PIF and the data collected via ADS, responses to the 2011 ACGME Resident/Fellow Survey, documentation such as resident files, rotation and call schedules, and program and institutional duty hour tracking data, among others, constitute the data elements assessed during program site visits. The members of the field staff interview program and departmental leaders, the designated institutional official (DIO), faculty members, and residents/fellows. Field staff members also use a variation of the Tracer Method familiar to many DIOs from other accrediting bodies.

Use of the Tracer Method

The Tracer Method is used by several accrediting
organizations to increase the focus on operational processes that benefit patients. The ACGME uses it to assess a program’s response to particular situations, such as remediation of a resident with low academic performance, excess duty hours or inadequate supervision, or implementation of the new requirement that means residents may remain beyond duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, the surveyor may confirm high performance or detect problems in the implementation of policies, elements of the process, or aspects of the interface between processes.

Use of the Tracer Method during program site visits will entail document review and interviews with program directors, residents/fellows, faculty members, coordinators, and potentially others. This will be done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Tracer Method may necessitate some added time for interviews or more extensive review of documentation. This added time and relevant documents generally will be requested in advance through the list sent with a program’s site visit announcement letter.

Increasing Resident/Fellow Input during Program Site Visits
Between 2010 and June 2011, the ACGME Department of Field Activities conducted a pilot to explore whether textual comments from residents/fellows could be introduced into the site visit interview process. In this pilot the field staff representatives requested that residents/fellows compile a single, program-level list of up to five strengths and up to five opportunities for improvement for further discussion during the resident/fellow interview. The request was made through a note to the program director. These lists were considered confidential, and residents/fellows were asked to e-mail it directly to the field staff representative, or to bring it with them to the resident/fellow interview. The collection of resident-perceived strengths and opportunities for improvement was done only for program site visits, not for institutional reviews.

Residents'/Fellows' Responses and Perceptions of the Pilot
A benefit of obtaining this consensus list is that it has provided the ACGME field staff with a sense of the learners’ perceptions of their program’s strengths and opportunities for improvement. This is useful to begin the conversation during the resident/fellow interview. When aggregated across programs, the information also offers the ACGME insight into residents'/fellows' unique perspectives on their programs and the accreditation standards. The information in the lists affirms the value of many of the questions currently asked in the Resident/Fellow Survey, and may also serve to highlight additional areas of high relevance for possible inclusion in future iterations of the Survey.

Resident/fellow comments have also included questions and feedback about changes to program requirements, such as the new common duty hour requirements. Residents/fellows and program directors alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who do not participate in the site visit interview.

The Department of Field Activities evaluated the pilot in June 2011, and implemented it for all program site visits after July 2011. The department will continue to explore this and other mechanisms to increase resident and fellow input.

Other Site Visit Pilots
One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the resident/fellow interview completed earlier in the site visit day, after a brief introductory meeting with the program director. All other interviews, review of data, and if conducted, the tour of facilities, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are using this approach for a more in-depth assessment of benefits and potential drawbacks.