

Important Changes Regarding use of the ACGME Case Log System to Evaluate Dermatology Residency Programs (effective July 1, 2012)
Review Committee for Dermatology
ACGME

Currently the Review Committee cites residency programs if it determines that programs are not providing residents either sufficient “experience performing” or “exposure to” the list of procedures in the Program Requirements. This list is reflected in the list of index procedures tracked in the ACGME Case Log System. Citations based on non-compliance in a limited number of procedures for which “competency” is not required has been determined to be inappropriate and leads to an over emphasis on minor aspects of the curriculum. Beginning July 1, 2012 the Review Committee will implement a process that involves evaluating the average totals of index procedures of graduates.

A residency program will be out of compliance and a citation will be generated if, in any two out of three years, the average for more than any two Level 1 index procedures or any six Level 2 index procedures falls below two standard deviations of the national mean. Residency programs will still be required to teach residents to competency in biopsy techniques, destruction techniques, vascular lasers, excision with simple, and intermediate and complex repair techniques, including flaps and grafts (Program Requirement IV.A.5.a).(3).(a)). Use of Case Log data in this fashion will give residency programs the flexibility to select which cosmetic procedures they provide their residents (Program Requirements IV.A.5.a).(3).(b) and (c)).

Table: Index procedures for dermatology residents grouped by Category and divided into three levels of educational experience

	Resident Case Log Index Procedures
Resident Level 1: Perform <ul style="list-style-type: none"> Residents should achieve competency in these procedures that require they act as Resident Surgeon and Assistant. Goal: didactics in all; <2 procedures <2SD below national mean for Resident Surgeon and Assistant. 	Vascular Lesion Laser
	Excision – Benign Lesion
	Excision – Malignant Lesion
	Repair (Closure) – Simple/Intermediate/Complex
	Flaps
	Grafts (Split or Full)
Resident Level 2: Observe <ul style="list-style-type: none"> Residents should have significant exposure to these procedures through direct observation or as Assistant. Goal: didactics for all; <6 procedures <2 SD below national mean for Assistant. 	Mohs Micrographic Surgery
	Hair Removal Laser
	Pigmented Lesion Laser
	Laser (Ablation, Resurfacing)
	Non-ablative Rejuvenation
	Intense pulsed light
	Botulinum Toxin Chemodeinnervation
	Soft Tissue Augmentation/Skin fillers
Chemical Peels: Superficial - Epi	
Resident Level 3: Didactic Education <ul style="list-style-type: none"> Faculty members must provide education in these and other cosmetic techniques but residents need not perform nor observe. Goal: didactics in all. 	Tumescent Liposuction
	Scar Revision (Acne Scar)
	Dermabrasion
	Ambulatory Phlebectomy/Vein Surgery
	Nail Procedures
	Hair Transplantation
	Rhinophyma Correction
	Lip Excision/Wedge/Vermilnectomy
Miscellaneous	