

Frequently Asked Questions: Dermatology
Review Committee for Dermatology
ACGME

Question	Answer
Introduction	
<p>Can residents participate in a lengthened residency program that emphasizes research?</p> <p><i>[Program Requirement: Int.C.]</i></p>	<p>Participants in programs with dedicated research tracks must complete the same clinical requirements as those in a 36-month program. Programs that allow a research track are encouraged to consult with the American Board of Dermatology (ABD) to ensure that each resident meets requirements for board certification upon graduation.</p>
Personnel	
<p>Who should be assigned to fulfill the program director's responsibilities to the program if the program director is unavailable due to a temporary absence, including vacation or away meetings, and is there a limit to how long he/she can serve in that role?</p> <p><i>[Program Requirement: II.A.4.]</i></p>	<p>The Committee expects a qualified faculty member to assume responsibility of the program in such instances. This faculty member must meet the qualifications for a core physician faculty member and be able to address critical issues that cannot wait for the return of the program director. The program needs to provide advance notification (via the ACGME's Accreditation Data System) if the program director's temporary absence is expected to extend beyond eight weeks.</p>
<p>Does the one-to-three core faculty to resident ratio apply to the total number of faculty members appointed to the program?</p> <p><i>[Program Requirement: II.B.4.c)]</i></p>	<p>The Review Committee expects one supervising (core faculty) attending physician to supervise no more than three residents per clinic session. In addition, there should be sufficient dermatology teaching faculty members, such that a 1:3 ratio, or better, is maintained.</p>
Resident Appointments	
<p>What is the difference between a temporary complement increase and a permanent complement increase?</p> <p><i>[Program Requirement: III.B.-III.B.1.]</i></p>	<p>There are two types of resident complement increases that a program can request, temporary and permanent.</p> <p>Temporary increases should be requested in a few extenuating circumstances, usually involving a current resident needing to extend education and training. This could be due to resident performance concerns (e.g., resident needing remediation before graduating) or excessive time away from the program (e.g., extended medical leave during residency) that is impacting achievement of competence. Note: Temporary increase requests are administratively reviewed by the Review Committee Executive Director if the request is for a duration less than three months. Requests</p>

	<p>that extend beyond three months require Committee review. It is important to note that temporary increases should not be used for requests to expand the program complement with additional residents. Temporary increases should not be multi-year requests or submitted with intent to annually renew. Temporary increases are designed to temporarily extend the program for current residents who may need to finish off cycle.</p> <p>Permanent complement increases should be requested when the program desires to expand the total resident complement in an ongoing manner to a higher total than currently approved (as published on the ACGME’s Accreditation Data System (ADS) public site). This type of request should occur only after gaining institutional support for the expansion and after the program director carefully weighs the impact of adding to the current complement of residents. It is imperative that programs plan well in advance for permanent expansions. Candidates should not be matched into a program before such a request is approved by the Review Committee. Since these requests are reviewed at a Review Committee meeting, they must be received by the relevant meeting’s agenda closing deadline, which is posted in the Dermatology section of the ACGME website: https://www.acgme.org/Specialties/Overview/pfcatid/3.</p> <p>If a program misses a published deadline for a meeting agenda, the request will be placed on the agenda for the next Review Committee meeting to process the request.</p>
<p>Can a program director add residents to the program’s complement once there is institutional support to expand the program’s size?</p> <p><i>[Program Requirement: III.B.-III.B.1.]</i></p>	<p>No. See previous FAQ. Per Requirement III.B.1., increases in resident complement require approval by the Review Committee and are not automatic. Before approving a request to increase a program’s complement, the Review Committee will review the program’s current accreditation status, including review of active citations, areas for improvement, and other program outcomes (e.g., meeting minimum procedural requirements, board examination pass rate) with the current complement of residents. The Review Committee also carefully reviews the program’s submitted educational rationale for any expansion. The Review Committee reviews and makes a value judgement whether adding additional residents will positively or negatively impact the educational program and the program’s accreditation status. Programs should not match additional residents beyond their approved complement until they receive approval from the Review Committee.</p> <p>As most programs that seek approval for resident complement expansion wish to match residents in these positions as soon as possible, it is imperative that programs plan well in advance for permanent increases, as the Review Committee has deadlines each year to receive such requests to allow time for Committee review.</p>

	Deadlines for meeting agendas are published on the Dermatology section of the ACGME website.
Educational Program	
Which other health care professionals can be included in the interprofessional team? <i>[Program Requirement: IV.C.1.b)]</i>	The team can include clinic managers, clinical research and hospital staff members, faculty members in dermatology and referral faculty members, laboratory personnel, medical students, nurses, pharmacologists, referring physicians, residents, and schedulers, as appropriate.
Regarding residents' experiences in dermatopathology, how much exposure occurring in an active faculty member-run sign-out setting is considered adequate, and does this exposure need to occur at or by a specific point in the educational program? <i>[Program Requirements: IV.C.5.f) and IV.C.5.f).(1)]</i>	The Committee holds that dermatopathology education is a cornerstone experience of dermatology residency education, as it underlies the dermatology resident's advancing competence in interpreting and exploring clinicopathologic correlation. As such, dermatopathology education, including sessions reviewing slides with dermatopathology faculty members as occurs in active faculty member-run sign-out sessions, should occur throughout the educational program, and should include reviewing slides with dermatopathology faculty members during all three years of the program. Block exposure of active faculty member-run sign-out sessions each year, beginning in the first year of the program, would be considered adequate.

Question	Answer
The Learning and Working Environment	
<p>How can the program meet requirements for resident education in quality improvement and patient safety?</p> <p><i>[Program Requirement: VI.A.1.b).(3)]</i></p>	<p>Lectures can be an important part of meeting the foundational requirements of a quality improvement curriculum and patient safety curriculum, but alone, a lecture series would be inadequate to meet the expectations of this requirement.</p> <p>Programs could incorporate a regular conference series that engages residents in reviewing, analyzing, and proposing solutions to errors encountered in the dermatology clinics. This could include analysis of errors encountered by residents, attendings, staff members, or other members of the dermatology team. A regular dermatology morbidity and mortality conference with active discussion would also meet this requirement.</p> <p>Residents could also actively participate in at least one departmental or institutional quality improvement project during the program, e.g., identifying a problem or process issue with patient care, proposing a solution, working to implement that solution, and devising metrics to test its success. Residents could also participate in a departmental or institutional quality improvement project.</p> <p>Quality improvement projects can include:</p> <ul style="list-style-type: none"> i) analysis of performance data from data registries (AAD Data Derm, etc.); ii) rapid cycle quality improvement projects (DMAIC, PDSA Cycle, etc.); iii) process improvement projects (LEAN 6 Sigma, etc.); and iv) any qualifying ABD- or AOBD-recognized Practice Improvement module. <p>Residents can have variable roles in the quality improvement project, but it is the expectation of the Review Committee that residents be involved in the review and analysis of the baseline and follow-up data and be involved in discussions about interventions needed to improve performance.</p>