**New Application: Dermatology**

**Review Committee for Dermatology**

**ACGME**

**Oversight**

**Program Director, Site Directors, and Faculty**

1. Describe the program director’s prior experience(s) in dermatology residency education, other graduate medical education, or residency administration. [PR II.A.3.a)] (Limit response to 150 words)

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1. How will the program director select, supervise, and evaluate the members of the teaching staff and other program personnel at each site participating in the program? [PRs II.A.4. and I.B.3.a)] (Limit response to 150 words)

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1. Has a local dermatologist site director who meets the qualifications specified by the Program Requirements been identified in each site? [PRs II.A.4. and I.B.3.a)] YES [ ]  NO[ ]
2. How will the program director monitor resident supervision at each site? [PRs II.A.4. and I.B.3.a)] (Limit response to 150 words)

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1. During a temporary absence of the program director of any length, who is the faculty member designated to address program-related issues that cannot wait for the return of the program director (absence management)? [PR II.A.2.a).(1)]

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1. Identify the director of dermatologic surgery education. Explain how this individual satisfies the qualifications specified in the Program Requirements. [PR II.B.3.b).(1).(b).] (Limit response to 150 words)

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1. Identify the director of dermatopathology education. Explain how this individual satisfies the qualifications specified in the Program Requirements. [II.B.3.b).(1).(a)] (Limit response to 150 words)

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1. For each faculty member (not limited to core) on the Faculty Roster, list the **clinical FTE** (cFTE) (percent of work days in clinic, e.g., if a clinician spends seven half-days evaluating and managing patients and three half-days in practice administration or other time not caring directly for patients, this would be 70% clinical FTE). Next to that percentage, state the **clinical educator FTE** (ceFTE) (the percent of time spent supervising dermatology residents during patient care). [PRs II.B.1 and II.B.4)]

Example: Dr. Jane Smith evaluates and manages patients six half-days weekly, two of which are spent supervising residents. **This would be reported as: Dr. Jane Smith - 60% cFTE / 20% ceFTE**

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1. Describe how the program will ensure that core faculty members are able to devote a significant portion of their time to fulfill responsibilities to the residency program (i.e., conference education, feedback and evaluations, faculty development, scholarship). Describe any “protected time” apart from clinical duties afforded during routine business hours to fulfill this role. [PR II.B.4.] (Limit response to 300 words)

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**Participating Sites**

1. Complete the table below for all sites [PR I.B.].

List all participating sites (i.e., each location having a unique physical address where dermatology residents rotate). For instance, a single institution that has five different dermatology clinic outreach locations where residents rotate would be considered five sites). For each site, list the distance in miles and the average transit time to arrive at each site from the primary clinical site. Describe the percent of the educational experience that is anticipated to occur at each site listed, stratified by year of in the program. Note that the Review Committee considers the primary clinical site to be the primary facility designated for clinical instruction in the program or the clinical site most commonly used by the program.

Provide, in the table below, the principal clinical experience anticipated at each listed site (e.g., cosmetic dermatology, dermatologic surgery, dermatopathology, general dermatology, inpatient dermatology, and pediatric dermatology). Note that the site numbers indicated must correlate with those entered into the Accreditation Data System (ADS).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participating Site** | **Distance from Primary Clinical****Site (miles)** | **Transit time from Primary Clinical****Site (minutes)** | **% time DY1 will spend at this site** | **% time DY2 will spend at this site** | **% time DY3 will spend at this site** | **Clinical experience at this site (Gen, Med, Ped, DP, Surg, Cosm, Other)**  | **Other Value Factors (unique patient populations, etc.)** |
| Primary Clinical Site | N/A | N/A | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Site 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Site 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Site 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Site 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Site 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| etc. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Are any of the core clinical experiences (cosmetics, dermatologic surgery, dermatopathology, inpatient consultative dermatology, medical dermatology, and pediatric dermatology) outsourced to rotations at another residency program, where the other program assumes the principal educational experience for the residency? If yes, is there a program letter of agreement in place with each outside site providing clinical experience? What is the evidence the outside program or clinical service is aware it is serving as the principal educational experience for the core content area for the program’s residents? [PR I.B.6.] (Limit response to 150 words)

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**Clinical Experiences (*Note: The program’s block diagram will be uploaded in the ADS portion of the application, and therefore is not a required element for this specialty-specific form.)***

**Medical Dermatology Clinical Curriculum**

1. Describe how the program plans to provide residents with adequate clinical experiences to become competent in evaluating complex medical dermatology patients (e.g., those with immunobullous disease, connective tissue disease, severe psoriasis, severe eczema) and to become competent in management of these conditions, including use of systemic medications requiring laboratory evaluation and monitoring, to include biologic therapies. [PR IV.C.] (Limit response to 150 words)

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1. Describe the planned resident clinical experience in contact dermatitis, including placement and interpretation of patch tests. [PRs IV.C.5.b) and IV.B.1.b.(2).(b)] (Limit response to 150 words)

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1. Describe the planned resident clinical and educational experience in light-based therapies, including experience in ordering and monitoring ultraviolet light therapy. [PR IV.B.1.c).(4)] (Limit response to 150 words)

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1. Describe the planned resident clinical and educational experience in dermoscopy. [PR IV.B.1.b).(2).(d)] (Limit response to 150 words)

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1. Describe the planned resident clinical and educational experience in using in-office light microscopy for in-office diagnostic tests (e.g., KOH, scabies preps). [PR IV.B.1.b).(2).(c)]

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**Inpatient Dermatology Clinical Curriculum**

1. Describe the planned clinical training and educational experience residents will have in inpatient consultative dermatology service. Description should include whether there will be a dedicated hospital consult rotation for each resident, and if not, explanation of how each resident will develop competence for caring for inpatient dermatology consult patients. Description should also include the roles and responsibilities of the resident in this experience, including whether residents will perform consults on nights and weekends. [PR IV.C.4.a)] (Limit response to 300 words)

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1. Describe how faculty members will supervise new inpatient consults performed by residents. [PR IV.C.3.] (Limit response to 150 words)

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1. Does the inpatient experience include evaluation and management of inpatient pediatric patients? Explain the program’s plan to include pediatric inpatient consult evaluation and management in the residency. [PRs IV.C.5.c) and IV.C.5.d)] (Limit response to 300 words)

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**Pediatric Dermatology Clinical Curriculum**

1. Will the program have a dedicated pediatric dermatology rotation? YES[ ]  NO[ ]

If YES, will this clinical experience be directed by a fellowship-educated pediatric dermatologist? YES [ ]  NO [ ]

If not, what is the planned experience that will allow residents to achieve competence in the evaluation and management of pediatric dermatology patients? [PRs IV.B.1.c).(3) and IV.C.5.] (Limit response to 150 words)

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1. Describe the clinical training and educational experience residents will receive in performing basic pediatric dermatologic procedures, such as cryotherapy and skin biopsy. [PR IV.C.5.c)] (Limit response to 150 words)

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**Dermatologic Surgery Clinical Curriculum**

1. Describe the plan for hands-on experiences for residents in dermatologic surgery. Include whether there will be a separate dermatologic surgery rotation, and if not, how residents will achieve competence in performing dermatologic procedures. [PR IV.C.4.a)] (Limit response to 300 words)

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1. Review the ACGME list of required procedures (posted to the ACGME website at [www.acgme.org](http://www.acgme.org) – Review Committee for Dermatology’s webpage) that residents must either perform or directly assist in performing. Are there any required procedures that will require special arrangements (i.e., external rotations) to ensure residents will obtain at least the minimum required experience? If yes, describe the program’s plan. [PR IV.C.4.b)] (Limit response to 150 words)

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**Dermatopathology Clinical Curriculum**

1. Describe the plan for resident sign-out experience in dermatopathology and the qualifications (prior residency background and presence or absence of fellowship education) of faculty members signing out. Include whether there will be a separate dermatopathology rotation, and if not, explain how will residents achieve the expected clinical competencies in reading dermatopathology slides. [PR IV.C.5.] (Limit response to 300 words)

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1. Describe the clinical learning opportunities residents will have with direct slide review. Comment specifically on experiences that will involve glass slide review and virtual dermatopathology slide review. [PR IV.A.3.c)] (Limit response to 300 words)

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**Cosmetic Clinical Curriculum**

1. Describe the plan for residents’ cosmetic clinical education with lasers, including hands-on experiences. [PR IV.B.1.c).(4); IV.C.9.b)] (Limit response to 150 words)

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1. Describe the plan for residents’ cosmetic clinical education with injecting neurotoxins and fillers, including hands-on experiences. [PR IV.B.1.c).(4); IV.C.9.b)] (Limit response to 150 words)

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1. Describe the plan for residents’ cosmetic clinical education and hands-on experiences with performing chemical peels and other cosmetic procedures not listed above. [PRs IV.B.1.c).(5) )] (Limit response to 150 words)

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**Continuity Clinic**

1. Describe the plan for dermatology resident continuity clinic experience, including the frequency of continuity clinic for each year of the educational program, and which faculty members will supervise the continuity clinic experience. [PR IV.C.5.a)] (Limit response to 150 words)

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1. Will each resident follow a panel of patients that will be specifically scheduled to see him or her in follow-up? YES [ ]  NO [ ]

If not, explain how the program will ensure residents have a continuity experience? [PR IV.C.5.a)] (Limit response to 150 words)

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**Dermatology Clinical Supervision**

1. Will there be any circumstances in which residents will evaluate patients without direct supervision by a program faculty member? YES [ ]  NO [ ]

If yes, state the year of the educational program and the setting(s), and estimate the percentage of encounters for which DY1, DY2, and DY3 residents will not have direct supervision. [PRs II.B.2.d), and VI.A.2.c).(1)-VI.A.2.c).(2).(b)] (Limit response to 150 words)

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1. State the maximum number of dermatology residents and others (including medical students, residents from other specialties, and allied providers) that each faculty member will clinically supervise at one time. Describe the settings and how often this “total supervised-to-faculty member” ratio exceeds 3:1. [PR II.B.1.] (Limit response to 300 words)

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1. In clinical settings where faculty members are supervising resident(s), will the faculty members simultaneously evaluate patients? YES [ ]  NO[ ]

If yes, in a half-day clinic (assume four hours of clinical care), what is the total number of patients (independent + supervised) for which each faculty member will typically be responsible while supervising residents? [PR II.B.2.d)] (Limit response to 150 words)

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1. Describe how the program will ensure that the residents receive clinical instruction from faculty members while evaluating patients in a typical half-day clinic (four hours). [PR II.B.2.d)] (Limit response to 150 words)

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**Educational and Conference Program**

1. Estimate the percentage of education sessions for which all of the residents (excluding those on approved leaves) will be gathered face-to-face as a group. (Limit response to 150 words)

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* 1. Will educational sessions occur at times when residents are rotating at locations other than where the session is being held? YES [ ]  NO [ ]

If so, describe the arrangements for remote participation by the residents. [PRs I.D.2. and IV.C.9.a)] (Limit response to 150 words)

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1. Estimate the amount of time (e.g., hours) each week that residents will typically attend didactics/conferences, workshops, or other non-clinical learning sessions. [PRs II.B.2.f) and IV.C.9.a)]

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1. What is the percentage of didactic sessions that will be delivered at another program? [PR IV.C.9.a)]

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1. List the conference settings in which dermatology residents will have the opportunity to present and discuss patients with challenging evaluations, diagnoses, complications, or management strategies (patient case reviews), where multiple faculty members are present to provide input. [PR IV.C.9.]

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1. Describe the planned conferences in which residents will gain knowledge in research methodology, including study design, analysis, and interpretation of data. [PRs IV.A.6. and IV.B.1.d)] (Limit response to 150 words)

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1. Describe the planned conferences in which residents will gain knowledge in business aspects of dermatology, including practice management and health care policy. [PR IV.B.1.d.(1).d)]

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1. Complete the table below regarding didactic/conference experience. Note that “leading” a conference means attending and having a directing role for information presented. [PRs IV.C.9., IV.C.9.b), IV.B.1.c).(1), IV.B.1.c).(2), IV.B.1.c).(3)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Conference Type** | **Site/ Location** | **Frequency (daily (d), weekly (w), monthly (m), quarterly (q), or less (l)** | **Estimate Percentage That this Conference type will be led by Program Faculty** | **Estimate Percentage That this Conference type will be led by Program Residents** | **Estimate Percentage That this Conference type will be Outsourced to another program or outside meeting** |
| Journal club  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Grand rounds  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Basic science conference education  | Click here to enter text. | Click here to enter text. | Click here to enter text. |  Click here to enter text. | Click here to enter text. |
| Dermatopathology conference education  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dermatologic surgical education  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Cosmetic conference education  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dermatologic surgical education | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dermatopathology conference education | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Conferences that discuss pathophysiology and diagnosis and management of complex medical dermatologic conditions of adults and children | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Conferences that discuss indications, risks, benefits, dosing, side effects, and monitoring of commonly used dermatologic therapies in children and adults | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Conferences that discuss diseases specific to pediatric patients, including neonatal disorders, congenital neoplasms, and hamartomas, cutaneous signs of child abuse, and inherited and sporadic multisystem skin diseases  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Data Reporting**

**For the following data reporting tables, a clinic session refers to a half-day clinic, or a four-hour period of patient scheduled time.**

1. Provide the following information from a recent 12-month period for the dermatology outpatient clinics, subspecialty clinics, etc., where residents will be assigned. (Note: Do not include phototherapy or excimer sessions or nurse-only visits.)

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Total # of Dermatology Outpatient Visits | # | # | # | # | # |
| Estimate % of patients in practice who are pediatric patients (<18yo) | # % | # % | # % | # % | # % |
| # of new patients | # | # | # | # | # |
| Total # of sessions per week where residents will be scheduled to work (14 max) | # | # | # | # | # |
| Average # of patients evaluated per resident per clinic session | # | # | # | # | # |
| Average # of patients scheduled (supervised + evaluated independently) per supervising faculty member per clinic session | # | # | # | # | # |
| Average # of residents planned per session | # | # | # | # | # |
| Average # of faculty members supervising residents per session | # | # | # | # | # |
| Maximum number of all residents and allied providers simultaneously supervised by one faculty member | # | # | # | # | # |

1. Provide estimates/range in numbers of patients anticipated the residents will evaluate in a typical half-day clinic (four hours) for each year in the program and for each rotation where residents will directly evaluate and manage patients. (PRs II.B.2.c), II.B.2.d), IV.B.1.b).(1).(a), and IV.B.1.b).(1).(a).(i)]

|  | **DY-1** | **DY-2** | **DY-3** |
| --- | --- | --- | --- |
| General dermatology | # | # | # |
| Inpatient rounds | # | # | # |
| Pediatric dermatology | # | # | # |

1. Provide estimated maximum resident to faculty (core or non-core) ratio for supervised clinical sessions, per year. [PRs II.B.2.c), II.B.2.d), II.B.4.c), and VI.A.2.f)]

|  | **DY-1** | **DY-2** | **DY-3** |
| --- | --- | --- | --- |
| General dermatology | # | # | # |
| Inpatient rounds | # | # | # |
| Pediatric dermatology | # | # | # |
| Dermatologic surgery | # | # | # |

**Inpatient Information**

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Number of dermatology inpatient consults | # | # | # | # | # | # |
| What percent of the above total is anticipated to have direct resident involvement? | # % | # % | # % | # % | # % | n/a |

Provide the number of dermatologic procedures performed in each participating site from a recent 12-month period.

| **Level 1***Residents must become competent in the performance of the following procedures.*[PR IV.B.1.b).(2)] | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Excision - Benign or Malignant | # | # | # | # | # | # |
| Repair (Closure) Simple/Intermediate/Complex | # | # | # | # | # | # |

| **Level 2***Residents* *must have significant exposure to other procedures, either through direct observation or as an assistant in Mohs micrographic surgery, and reconstruction of these defects, to include flaps and grafts, and the application of a wide range of lasers and other energy sources. (Core)* [PR IV.C.4.b);IV.C.5.e)] | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Mohs Micrographic Surgery  | # | # | # | # | # | # |
| Laser - Combined (Ablative, Non-ablative, Vascular) | # | # | # | # | # | # |
| Botulinum Toxin Chemodenervation | # | # | # | # | # | # |
| Soft Tissue Augmentation/Skin Fillers | # | # | # | # | # | # |
| Flaps and Grafts (Split or Full) | # | # | # | # | # | # |
| Nail Procedures | # | # | # | # | # | # |

**Dermatopathology**

Provide the following data from a recent 12-month period for each site where residents will be assigned for dermatopathology sign-out. [PRs I.D.4.b), IV.C.5.f), and IV.C.5.f.(1)]

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics | From: Click here to enter a date. | To: Click here to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dermatopathology Specimens** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| # cutaneous specimens from within the site  | # | # | # | # | # | # |
| # cutaneous specimens from outside the site  | # | # | # | # | # | # |
| # direct immunofluorescence specimens | # | # | # | # | # | # |
| # immunoperoxidase studies | # | # | # | # | # | # |
| If a resident is assigned to a dermatopathology rotation, what is the average # of specimens reviewed by the resident per session (four-hr) per site? | # | # | # | # | # | # |

**Phototherapy** [PR IV.B.1.b).(2).(f)]

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics | From: Click here to enter a date. | To: Click here to enter a date. |

| **Phototherapy** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Number of UVB - narrowband | # | # | # | # | # | # |
| Number of UVB - broadband | # | # | # | # | # | # |
| Number of PUVA | # | # | # | # | # | # |
| Photodynamic therapy | # | # | # | # | # | # |
| Other: (specify) | # | # | # | # | # | # |
| Other: (specify) | # | # | # | # | # | # |
| **Patch Testing** [PR V.B.1.b).(2).(b)]12-month period covered by statistics | From: Click here to enter a date. |  | To: Click here to enter a date. |

| **Patch Testing** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Estimate # of patients evaluated with patch testing | # | # | # | # | # | # |
| Percent of patch test visits anticipated to involve a dermatology resident | # | # | # | # | # | # |

**ACGME Competencies**

**Practice-based learning and improvement**

1. Describe one learning activity through which residents will be able to evaluate their quality of care and continuously improve care based on self-evaluation and lifelong learning. [PR IV.B.1.d)] (Limit response to 200 words)

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1. Describe one planned learning activity in which residents will be able to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning). [PRs IV.B.1.d).(1).(a)-(c)] (Limit response to 200 words.)

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1. Describe how residents will engage in quality improvement. List and briefly describe the design of one or two examples of current or ongoing quality improvement projects or efforts occurring in the program’s participating site(s) in the past two years. What will the role of residents be in the QI effort? What will the faculty role be in the QI effort? [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Describe how often (daily, weekly, monthly, semiannually, yearly) residents will receive formative evaluation feedback from faculty members, how it is delivered, and how residents will incorporate this feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the Accreditation Field Representative.) [PR IV.B.1.d).(1).(e)] (Limit response to 200 words)

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1. Describe one example of a learning activity through which residents can develop skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f).] (Limit response to 200 words)

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1. Describe any planned educational activities, besides clinical role modeling, that are designed to develop resident interpersonal and communication skills to educate patient families, learners, and other health care professionals? [PR IV.B.1.e)] (Limit response to 400 words)

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1. Describe one learning activity in which residents will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to counsel patients regarding their disease and treatment options, and provide appropriate anticipatory guidance to parents and, as age-appropriate, to children, regarding chronic disorders, genodermatoses, and congenital cutaneous anomalies. [PR IV.B.1.e).(1).(g)] (Limit response to 400 words)

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**Professionalism**

1. What are the plans or resources available for residents to explore ethical problems faced by dermatologists? [PR IV.C.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)] (Limit response to 400 words)

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1. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)] (Limit response to 400 words)

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**Scholarly Activity [PRs II.A.4); IV.D.1.a)-c), IV.D.2.b).(1)-(2)]**

**(*Note: Peer-reviewed publications [PMIDs] will be uploaded in the ADS portion of the application, and therefore are not a required element for this specialty-specific form.***)

*In addition to the questions below, please ensure that all faculty members are correctly listed on the ADS Faculty Roster, and that corresponding CVs are complete and up-to-date.*

1. List any state, national, or international presentations by core faculty members in the last five years, including the title, meeting name, location, and date.

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1. List any chapters or textbooks published by faculty members in the last five years.

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1. List any grant leadership and funded research projects by faculty members in the last five years.

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1. If faculty members have served as journal editors, list the positions.

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1. How will the program support the research skills development of residents and faculty members? [PR IV.D.3.a).(3)]

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1. How will the program support residents in preparing oral or poster presentations? Will the program protect time and provide resources to support the residents attending at least one national meeting during the program? [PRs IV.D.3.a).(2) and IV.D.3.a).(3)]

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**Institutional Support**

1. Is the Sponsoring Institution the same location as the primary clinical site of dermatology training and education? If not, how does the Sponsoring Institution provide ultimate responsibility for the oversight of the program? If the Sponsoring Institution is not at the same location as the primary clinical site of dermatology training and education, state the distance between the primary clinical site and the Sponsoring Institution (in miles). [PR I.A.] (Limit response to 400 words)

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1. If the Sponsoring Institution is a separate corporate entity from the program, how will the Sponsoring Institution ensure the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program? [PR I.A.] (Limit response to 400 words)

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1. Concisely summarize the technical, clerical, and other non-physician personnel who will provide support for the administrative and educational conduct of the program. Describe the time support provided to the program coordinator, and describe whether this individual has other job duties besides acting as residency program coordinator, such as duties to the department or other GME programs. [PRs II.D.1. and II.C.2.] (Limit response to 400 words)

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1. Describe the equipment that will be used for taking clinical photographs at each site and projection equipment for reviewing clinical and/or dermatopathology images. [PR I.D.1.a.)] (Limit response to 150 words)

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1. Describe the space that will be used for program conferences. Will this space be dedicated to dermatology didactic activity? [PR I.D.1.b)] (Limit response to 150 words)

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**Faculty Development and Program Improvement**

1. Describe the program’s plan for faculty development, including the format, setting, and sponsor (institutional, program, web-based/electronic, or other outsourced) of the faculty development programs available to program faculty members. [PRs II.B.2.g) and V.B.3.] (Limit response to 400 words)

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1. Will there be a mechanism to determine whether faculty members are participating in the activities that are planned by the program or by the institution? [PR V.B.1.a)]

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1. Describe how the program plans to assess and monitor program areas for improvement. [PR V.C.1.b).(3))] (Limit response to 150 words)

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**Resident Evaluation**

**Patient Care and Procedural Skills**

1. Describe how the program plans to assess the residents through direct observation of patient encounters in both the inpatient and outpatient settings. Identify the objective direct observation tools used (e.g., mini CEX, procedure checklist, etc.) to assess residents' (a) ability to gather data, (b) clinical reasoning, (c) patient management skills, and (d) procedural skills. [PRs IV.B.1.b) and V.A.1.a)] (Limit response to 400 words)

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**Medical Knowledge**

1. Describe the assessment method(s) that will be used to evaluate residents’ medical knowledge. [IV.B.1.c)] (Limit response to 400 words)

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