



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education
in Dermatology**

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I. Introduction

I.A. Definition and Scope of Specialty

The medical specialty of dermatology provides care to patients with diseases of the skin, hair, nails, and mucous membranes.

I.B. Duration of Education

I.B.1. The education in dermatology must be 36 or 48 months in length.

I.B.1.a) The program may include an additional 12 months of education in fundamental clinical skills of medicine.

II. Institutions

II.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

II.B. Participating Sites

See International Foundational Requirements, Section I.B.

III. Program Personnel and Resources

III.A. Program Director

See International Foundational Requirements, Section II.A.

III.B. Faculty

III.B.1. Dermatopathology training should be directed by a physician with appropriate formal education and clinical experience in dermatopathology.

III.B.2. Dermatologic surgery training should be directed by a physician with advanced training in procedural dermatology.

III.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

III.D. Resources

- III.D.1. The program must provide equipment for taking and reviewing clinical photographs and viewing educational materials, including portable digital cameras, a microscope with image capture system, a digital image filing and retrieval system, a laptop computer and digital projector, and a viewing room with a projection screen.
- III.D.2. There must be a sufficient number of adult and pediatric patients to ensure adequate exposure to and education in medical, pediatric, surgical, and procedural dermatology as evidenced by residents reaching graduate-level milestones by the end of the educational program.
- III.D.3. There must be a sufficient number of dermatopathology specimens available to and reviewed by residents to ensure adequate exposure to and education in dermatopathology.

IV. Resident Appointments

IV.A. Eligibility Criteria

- IV.A.1. Residents must have successfully completed 12 months of a broad-based clinical program (PGY-1) that is:
 - IV.A.1.a) accredited by the ACGME International (ACGME-I), the ACGME, or the Royal College of Physicians and Surgeons of Canada in preliminary general surgery, preliminary internal medicine, or the transitional year; or,
 - IV.A.1.b) at the discretion of the Review Committee-International, a program where a governmental or regulatory body is responsible for the maintenance of a curriculum providing clinical and didactic experiences to develop competency in the fundamental clinical skills of medicine; or,
 - IV.A.1.b).(1) A categorical residency that accept candidates from these programs must complete an evaluation of each resident's fundamental clinical skills within six weeks of matriculation, and must provide remediation to residents as needed.
 - IV.A.1.c) integrated into the residency where the program director must oversee and ensure the quality of didactic and clinical education.
- IV.A.2. The PGY-1 must be completed in a structured program in which residents are educated in high-quality medical care based on scientific knowledge, evidence-based medicine, and sound teaching by qualified educators.

- IV.A.3. With appropriate supervision, residents must have first-contact responsibility for evaluation and management for all types and acuity levels of patients.
- IV.A.4. Residents must have responsibility for decision-making and direct patient care in all settings, to include the writing of orders, progress notes, and relevant records.
- IV.A.5. Residents must develop competency in the following fundamental clinical skills during the PGY-1:
 - IV.A.5.a) obtaining a comprehensive medical history;
 - IV.A.5.b) performing a comprehensive physical examination;
 - IV.A.5.c) assessing a patient's medical condition;
 - IV.A.5.d) making appropriate use of diagnostic studies and tests;
 - IV.A.5.e) integrating information to develop a differential diagnosis; and,
 - IV.A.5.f) developing, implementing, and evaluating a treatment plan.

IV.B. Number of Residents

See International Foundational Requirements, Section III.B.

V. Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

- V.A.1. If it includes an integrated PGY-1, the educational program must contain regularly scheduled didactic sessions that enhance and correspond to the residents' fundamental clinical skills education.
- V.A.2. Didactic sessions must include:
 - V.A.2.a) cosmetic techniques, including liposuction;
 - V.A.2.b) scar revision;
 - V.A.2.c) laser resurfacing;
 - V.A.2.d) hair transplants;
 - V.A.2.e) invasive vein therapies; and,
 - V.A.2.f) interpretation of direct immunofluorescence specimens.

- V.A.3. There should be a well-organized course of instruction in the basic sciences related to medical dermatology, surgical and aesthetic dermatology, dermatopathology, and pediatric dermatology.
- V.A.4. The curriculum should contain instruction dedicated to ethical dermatology behavior and professionalism aspects of medicine.
- V.A.5. Didactic sessions should include lectures, conferences, seminars, demonstrations, clinical education rounds, book and journal reviews, patient case reviews, and histologic slide review.

V.B. Clinical Experiences

- V.B.1. If the program includes an integrated PGY-1, this experience must include a minimum of 11 months of direct patient care.
 - V.B.1.a) During the integrated PGY-1 each resident's experiences must include responsibility for patient care commensurate with his or her ability.
 - V.B.1.a).(1) Residents must have responsibility for decision-making and direct patient care in all settings, subject to review and approval by senior-level residents and/or attending physicians, to include the planning of care and the writing of orders, progress notes, and relevant records.
 - V.B.1.b) At a minimum, 28 weeks must be in rotations provided by a discipline or disciplines that offer fundamental clinical skills in the primary specialties, such as emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.
 - V.B.1.b).(1) Subspecialty experiences, with the exception of critical care unit experiences, must not be used to meet fundamental clinical skills curriculum requirements.
 - V.B.1.b).(2) Each experience must be at minimum a four-week continuous block.
 - V.B.1.c) At a minimum, residents must have 140 hours of experience in ambulatory care provided in family medicine or primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics.
 - V.B.1.d) Residents must have a maximum of 20 weeks of elective experiences.
 - V.B.1.d).(1) Elective rotations should be determined by the educational needs of the individual resident.

- V.B.2. During each year of the educational program residents must participate in the direct care of outpatients and inpatients.
- V.B.3. The clinical experience in dermatology must include:
- V.B.3.a) consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and,
 - V.B.3.b) significant exposure, 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.
- V.B.4. Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including:
- V.B.4.a) following a core group of individual patients throughout the majority of the program in a minimum of a once-monthly continuity of care clinic setting, as well as in follow-up of inpatients and patients seen as consults or during night or weekend call;
 - V.B.4.b) medical dermatology encounters with patients having primary skin disease, to include immunobullous diseases, contact dermatitis, connective tissue diseases, congenital skin diseases, skin cancer, and infectious diseases, as well as medically-complicated patients displaying dermatologic manifestations of systemic disease or therapy;
 - V.B.4.c) pediatric dermatology encounters in diagnosing and managing infants and children with neonatal skin disorders, atopic dermatitis, psoriasis, blistering disorders, disorders of hair and nails, skin infections (fungal, bacterial, and viral), vascular tumors and malformations, congenital and acquired pigmented lesions and other hamartomas, cutaneous signs of child abuse, and cutaneous manifestations of multisystem diseases;
 - V.B.4.d) providing consultations for neonatal and pediatric inpatients;
 - V.B.4.e) exposure to procedures, either through direct observation or as an assistant at surgery, to include Mohs surgery with encounters in micrographic surgery, and reconstruction of these defects, including the use of flaps and grafts, the application of a wide range of lasers and other energy sources, botulinum toxin injections, and soft tissue procedural dermatology; and,
 - V.B.4.f) dermatopathology encounters with routinely stained histologic sections from the full spectrum of dermatologic disease.

V.B.4.f).(1) A portion of this exposure must occur in an active faculty-run sign-out setting and with the use of study sets.

V.B.5. Each resident must record all required procedures and medical/surgical cases in the ACGME-I Case Log System, and ensure that the data entered is accurate and complete for all 36 or 48 months of the program.

V.C. Residents' Scholarly Activities

V.C.1. Basic science and clinical investigation must be included in the educational experience of residents.

V.C.1.a) All residents should participate in or have education regarding basic science and/or clinical research during the program.

V.C.2. Residents must be provided protected time and funding to attend at least one national meeting during the program.

V.C.3. Residents must prepare oral or poster presentations, or manuscripts suitable for publication in peer-reviewed journals.

V.D. Duty Hour and Work Limitations

See International Foundational Requirements, Section IV.

VI. ACGME-I Competencies

VI.A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:

VI.A.1. skin biopsy techniques, including local anesthesia and regional blocks, destruction of benign and malignant tumors, excision of benign and malignant tumors, and closures of surgical defects using layered repairs, in patients of all ages, with attention to the chronologic and developmental age of the patient;

VI.A.2. performing and interpreting the results of diagnostic techniques, including dermatology-relevant serologic testing, patch testing, KOH examination, and Tzanck smears; and,

VI.A.3. the use of and indications/contraindications for photomedicine, phototherapy, and topical/systemic pharmacologic therapies in all age groups, including infants and young children.

VI.B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social behavioral sciences, as well as the

application of this knowledge to patient care. Residents must demonstrate proficiency in knowledge of:

- VI.B.1. pathophysiology and diagnosis and management of complex medical dermatologic conditions in both adults and children;
- VI.B.2. risks and benefits of commonly used dermatologic therapies in infants and children compared to the risks and benefits of those therapies when used in adults;
- VI.B.3. diseases specific to pediatric patients, including neonatal disorders, congenital neoplasms and hamartomas, cutaneous signs of child abuse, and cutaneous manifestations of inherited and sporadic multisystem diseases;
- VI.B.4. proper techniques for botulinum toxin injections, soft tissue augmentation, repairs of cutaneous surgical defects using flaps and grafts, and use of light and laser modalities for skin conditions;
- VI.B.5. indications and contraindications for, and complications and basic techniques of, elective cosmetic dermatology procedures, including liposuction, scar revision, hair transplants, and invasive vein therapies; and,
- VI.B.6. the interpretation of molecular diagnostic tests and direct immunofluorescence specimens.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;
- VI.C.2. set learning and improvement goals;
- VI.C.3. identify and perform appropriate learning activities;
- VI.C.4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- VI.C.5. incorporate formative evaluation feedback into daily practice;
- VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

- VI.C.7. use information technology to optimize learning;
- VI.C.8. participate in the education of patients, families, students, residents, and other health professionals; and,
- VI.C.9. teach dermatology to other residents, medical students, nurses, and/or allied health personnel.

VI.D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

- VI.D.1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- VI.D.2. communicate effectively with physicians, other health professionals, and health-related agencies;
- VI.D.3. work effectively as a member or leader of a health care team or other professional group;
- VI.D.4. act in a consultative role to other physicians and health professionals;
- VI.D.5. maintain comprehensive, timely, and legible medical records, if applicable; and,
- VI.D.6. 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.

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

- VI.E.1. compassion, integrity, and respect for others;
- VI.E.2. responsiveness to patient needs that supersedes self-interest;
- VI.E.3. respect for patient privacy and autonomy;
- VI.E.4. accountability to patients, society and the profession; and,

VI.E.5. sensitivity and responsiveness to a diverse patient population, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI.F. Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

- VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;
- VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate;
- VI.F.4. advocate for quality patient care and optimal patient care systems;
- VI.F.5. work in inter-professional teams to enhance patient safety and improve patient care quality;
- VI.F.6. participate in identifying system errors and implementing potential systems solutions; and,
- VI.F.7. be given selected administrative responsibility commensurate with their interests, abilities, and qualifications.