



ACGME International

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

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Graduate Medical Education
in Dermatology**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

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

Int. II. Duration of Education

Int. II.A. The educational program in dermatology must be 36 or 48 months in length.

Int. II.A.1. The program may include an additional 12 month of education in the fundamental clinical skills of medicine.

I. Institution

I.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

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

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

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

- II.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.
- II.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.
- II.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.

III. Resident Appointment

III.A. Eligibility Criteria

- III.A.1. Residents must have successfully completed 12 months of a broad-based clinical program (PGY-1) that is:
 - III.A.1.a) accredited by the ACGME International (ACGME-I), the ACGME, or the Royal College of Physicians and Surgeons of Canada located in Canada in preliminary general surgery, preliminary internal medicine, or the transitional year; or,
 - III.A.1.b) at the discretion of the Review Committee-International, a program in which a governmental or regulatory body is responsible for the maintenance of a curriculum providing clinical and didactic experiences to develop residents' competence in the fundamental clinical skills of medicine; or,
 - III.A.1.b).(1) A categorical residency that accepts candidates from such 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.
 - III.A.1.c) integrated into the residency where the program director must oversee and ensure the quality of didactic and clinical education.

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

III.B. Number of Residents

See International Foundational Requirements, Section III.B.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

- IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.
 - IV.A.1.a) Professionalism

- IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:
- IV.A.1.a).(1).(a) accountability to patients, society, and the profession;
- IV.A.1.a).(1).(b) compassion, integrity, and respect for others;
- IV.A.1.a).(1).(c) respect for patient privacy and autonomy;
- IV.A.1.a).(1).(d) responsiveness to patient needs that supersedes self-interest; and,
- IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- IV.A.1.b) Patient Care and Procedural Skills
- IV.A.1.b).(1) Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competency in:
- IV.A.1.b).(1).(a) 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 and with attention to the chronologic and developmental age of the patient;
- IV.A.1.b).(1).(b) performing and interpreting the results of diagnostic techniques, including dermatology-relevant serologic testing, patch testing, KOH examination, and Tzanck smears; and,
- IV.A.1.b).(1).(c) the use of and indications/contraindications for photomedicine, phototherapy, and topical/systemic pharmacologic therapies in all age groups, including infants and young children.
- IV.A.1.c) Medical Knowledge
- IV.A.1.c).(1) 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 knowledge of:

- IV.A.1.c).(1).(a) 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;
- IV.A.1.c).(1).(b) pathophysiology and diagnosis and management of complex medical dermatologic conditions in both adults and children;
- IV.A.1.c).(1).(c) 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;
- IV.A.1.c).(1).(d) 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;
- IV.A.1.c).(1).(e) 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,
- IV.A.1.c).(1).(f) the interpretation of molecular diagnostic tests and direct immunofluorescence specimens.
- IV.A.1.d) Practice-based Learning and Improvement
- IV.A.1.d).(1) 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 lifelong learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- IV.A.1.d).(1).(a) identify and perform appropriate learning activities;
- IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;
- IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

- IV.A.1.d).(1).(e) participate in the education of patients, families, students, residents, and other health professionals.
- IV.A.1.d).(1).(f) set learning and improvement goals;
- IV.A.1.d).(1).(g) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- IV.A.1.d).(1).(h) use information technology to optimize learning; and,
- IV.A.1.e) Interpersonal and Communication Skills
- IV.A.1.e).(1) 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:
- IV.A.1.e).(1).(a) act in a consultative role to other physicians and health professionals;
- IV.A.1.e).(1).(b) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- IV.A.1.e).(1).(c) communicate effectively with physicians, other health professionals, and health-related agencies;
- IV.A.1.e).(1).(d) counsel patients regarding their disease and treatment options, and provide appropriate anticipatory guidance to patients' parents and, as age-appropriate, to children, regarding chronic disorders, genodermatoses, and congenital cutaneous anomalies;
- IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable;
- IV.A.1.e).(1).(f) teach dermatology to other residents, medical students, nurses, and/or allied health personnel.
- IV.A.1.e).(1).(g) work effectively as a member or leader of a health care team or other professional group;
- IV.A.1.f) Systems-based Practice

- IV.A.1.f).(1) 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:
- IV.A.1.f).(1).(a) advocate for quality patient care and optimal patient care systems;
- IV.A.1.f).(1).(b) be given selected administrative responsibility commensurate with their interests, abilities, and qualifications;
- IV.A.1.f).(1).(c) coordinate patient care within the health care system relevant to their clinical specialty;
- IV.A.1.f).(1).(d) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- IV.A.1.f).(1).(e) participate in identifying system errors and implementing potential systems solutions;
- IV.A.1.f).(1).(f) work effectively in various health care delivery settings and systems relevant to their clinical specialty; and,
- IV.A.1.f).(1).(g) work in interprofessional teams to enhance patient safety and improve patient care quality.

IV.B. Regularly Scheduled Educational Activities

- IV.B.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.
- IV.B.2. Didactic sessions must include:
- IV.B.2.a) cosmetic techniques, including liposuction;
- IV.B.2.b) hair transplants;
- IV.B.2.c) interpretation of direct immunofluorescence specimens;
- IV.B.2.d) invasive vein therapies;
- IV.B.2.e) laser resurfacing; and,
- IV.B.2.f) scar revision.

- IV.B.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.
- IV.B.4. The curriculum should contain instruction dedicated to ethical dermatology behavior and professionalism aspects of medicine.
- IV.B.5. Didactic sessions should include lectures, conferences, seminars, demonstrations, clinical education rounds, book and journal reviews, patient case reviews, and histologic slide review.

IV.C. Clinical Experiences

- IV.C.1. If the program includes an integrated PGY-1, it must include a minimum of 11 months of direct patient care.
 - IV.C.1.a) During the integrated PGY-1, each resident's experiences must include responsibility for patient care commensurate with the individual resident's ability.
 - IV.C.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 planning care and writing orders, progress notes, and relevant records.
 - IV.C.1.b) At a minimum, 28 weeks of residents' clinical experiences 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.
 - IV.C.1.b).(1) Subspecialty experiences, with the exception of critical care unit experiences, must not be used to meet fundamental clinical skills curriculum requirements.
 - IV.C.1.b).(2) Each experience must be at minimum a four-week continuous block.
 - IV.C.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.
 - IV.C.1.d) Residents must have a maximum of 20 weeks of elective experiences.
 - IV.C.1.d).(1) Elective rotations should be determined by the educational needs of the individual resident.

- IV.C.2. Residents must participate in the direct care of outpatients and inpatients during each year of the educational program.
- IV.C.3. The clinical experience in dermatology must include:
- IV.C.3.a) consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and,
- IV.C.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.
- IV.C.4. Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including:
- IV.C.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;
- IV.C.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;
- IV.C.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;
- IV.C.4.d) providing consultations for neonatal and pediatric inpatients;
- IV.C.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,
- IV.C.4.f) dermatopathology encounters with routinely stained histologic sections from the full spectrum of dermatologic disease.
- IV.C.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.

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

IV.D. Scholarly Activity

IV.D.1. Residents' Scholarly Activity

IV.D.1.a) Basic science and clinical investigation must be included in the educational experience of residents.

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

IV.D.1.b) Residents must be provided protected time and funding to attend at least one national meeting during the program.

IV.D.1.c) Residents must prepare oral or poster presentations, or manuscripts suitable for publication in peer-reviewed journals.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section IV.D.2.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.