

Frequently Asked Questions: Pediatric Dermatology

Review Committee for Dermatology

ACGME

Question	Answer
Personnel	
What are some examples of alternative qualifications for the program director that would be acceptable to the Review Committee? <i>[Program Requirements: 2.4.a.- 2.4.c.]</i>	The committee will review and determine if other qualifications are acceptable on a case-by-case basis. Examples that may be approved could include for an individual who did not complete a pediatric dermatology fellowship but achieved pediatric dermatology certification by the American Academy of Dermatology and then was 'grandfathered in' by the American Board of Dermatology for subspecialty certification eligibility, or for individuals with pediatric dermatology expertise who served at least one year as an associate program director, Clinical Competency Committee faculty member, or Program Evaluation Committee faculty member in a dermatology residency program.
Are there other specialists beyond those listed in the requirements who the Review Committee would consider acceptable as physician faculty members? <i>[Program Requirement: 2.9.c.]</i>	The committee would also accept specialty physician members from other pediatric specialties and subspecialties, including neonatology, infectious diseases, plastic surgery, general surgery, pediatric surgery, and radiology.
Fellow Appointments	
Will international graduates of dermatology residency programs who are accepted into an ACGME-accredited pediatric dermatology fellowship under the exceptional candidate classification be eligible for Board Certification by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) boards? <i>[Program Requirement: 3.2.]</i>	The committee encourages programs to be mindful of and inform applicants that program accreditation is under the purview of the ACGME, whereas individual board certification is under the jurisdiction of the individual certifying boards. The ACGME and the Review Committee for Dermatology cannot speak on behalf of the American Board of Dermatology or American Osteopathic Board of Dermatology. Applicants being considered for fellowship positions must be informed that their education and training may not lead to certification by ABMS member boards or AOA certifying boards. Refer to their respective websites for specific certification eligibility information: American Board of Dermatology - Pediatric Dermatology American Osteopathic Association - Pediatric Dermatology
Evaluation	

How will a program ensure that fellow feedback of faculty member performance is maintained confidentially? <i>[Program Requirement: 5.4.b.]</i>	The committee recommends that programs 'batch' evaluations of a given faculty member with those from other rotators (e.g., APP learners, residents from core dermatology residency program, other specialty residents/fellows, etc.) to help provide confidentiality for fellow evaluators.
What are options for Program Evaluation Committee (PEC) composition when there is only one fellow in the program or if the program does not recruit for a given academic year? <i>[Program Requirement: 5.5.a.]</i>	If a program with one fellow does not recruit for a given year, there would not be an expectation that a fellow serve on the PEC for that academic year. The PEC, however, should still maintain operation and ensure it is following its own continuous quality improvement measures and is prepared for when a fellow is recruited.
The Learning and Working Environment	
How can the program meet requirements for resident education in quality improvement and patient safety? <i>[Program Requirements: 6.1.]</i>	Lectures can be an important part of meeting the foundational requirements of a quality improvement and patient safety curriculum, but alone, a lecture series would be inadequate to meet the expectations of this requirement. 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. 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. Quality improvement projects can include: 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.) iv) any qualifying ABD- or AOB-recognized Practice Improvement module 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.