

**PEDIATRICS - DERMATOLOGY
COMBINED RESIDENCY TRAINING
PROGRAM DESCRIPTION**

SPONSORING INSTITUTION: Indicate the sponsoring institution of the combined program.

<i>Institution</i>	<i>City</i>	<i>State</i>

ACCREDITED RESIDENCY PROGRAMS: Indicate the name and the ACGME program number for the programs offering the combined training.

<i>Program</i>	<i>ACGME #</i>	<i>Primary Training Site</i>
Pediatrics		
Dermatology		

PROGRAM DIRECTOR: Indicate the administrative structure for program directorship

<input checked="" type="checkbox"/>	<i>Board Certification of Program Director</i>	<i>Name</i>	<i>Director</i>	<i>Co-Director</i>	<i>Associate Director</i>
	Combined Peds/Dermatology				
	Pediatrics				
	Dermatology				

GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are policies the program should develop, distribute to residents and faculty, and have on file for RRC review. Indicate (✓) if the guideline has been met in the program, and enclose documents marked “ENCLOSED”.

On file	The program informs pediatrics/dermatology residents leaving the program of the need to request Board approval to receive credit for previous experience.
On file	The program will inform ABP and ABD of pediatrics/dermatology residents leaving program, transferring to another program, or entering from a categorical residency.
On file	The vacation/leave policy is on file and time-off is equally distributed between pediatrics and dermatology.
On file	A schedule of at least quarterly meetings between co-directors or with the respective categorical program directors in programs with a pediatrics/ dermatology program director.

	On file	The program is based on a written curriculum of planned educational experiences in both specialties and is not simply a listing of rotations between the two specialties.
	On file	The written curriculum is periodically reviewed by pediatrics and dermatology faculty and residents.
	On file	There is a process for periodic resident evaluation and feedback.
	Enclosed	The description of any combined education experiences, including a brief curriculum summary, site of activity and whether an activity is shared with categorical residents.

<i>CONTINUITY CLINIC:</i>	
	Weekly pediatric continuity clinic during pediatric rotations and biweekly during dermatology rotations.
	Weekly continuity clinic during dermatology rotations.

<i>PEDIATRICS GUIDELINES:</i> Indicate (✓) if the program includes each of the following requirements for approved training in pediatrics	
	The Pediatrics residency has full ACGME accreditation
	A letter signed by the department chair documents institutional and faculty commitment to combined training
	5 months of general inpatient rotations
	5 months of supervisory experience (2 months inpatient)
	3 months NICU/1 month PICU
	6 months RRC required subspecialty rotations
	1 month of adolescent medicine
	1 month of behavioral/development pediatrics
	4 months of acute care/ED (1 month EMS receiving) (2 months ED minimum)
	1 month of normal newborn
	50% of pediatric time is in ambulatory settings
	Maximum of 6 months of intensive care experiences in pediatrics

DERMATOLOGY GUIDELINES: Indicate (✓) if the program includes each of the following requirements for approved training in dermatology:	
	The dermatology residency has full ACGME accreditation.
	A letter signed by the dermatology chair documents institutional and faculty commitment to combined training.
	The dermatology residency includes at least 30 months of required dermatology rotations and meets the curriculum requirements for dermatology training.

ROTATION OUTLINE: Indicate (✓) if the program includes each of the following guidelines for the combined curriculum.	
	Year one should be spent in pediatrics. In years two through five, rotations in each specialty should be no less than 3 months nor more than 6 months in length, with the exception of 1 dermatology block which may equal the largest pediatric specialty block (10-12 months)
	The categorical and combined residents must interact at all levels of training.
	Care must be exercised to avoid unnecessary duplication of educational experiences, to provide as many clinical/educational opportunities as possible.

Directions for completing the attached Rotation Outline:

- Column 1: Represents a month or 4-week block for a particular year.
- Column 2: Insert name of rotation.
- Column 3: Indicate (✓) if rotation counts as Pediatrics.
- Column 4: Indicate (✓) if rotation counts as Dermatology.
- Column 5: Indicate (✓) if rotation counts for **both** Pediatrics *and* Dermatology (combined rotation).
- Column 6: Enter number of Continuity Clinic sessions (1/2 days) for this rotation.
- Column 7: Enter the percentage of time the rotation is dedicated to Pediatric Ambulatory Care:
Examples: 100% = Full time
 50% = 5 ½ days
 20% = 1 full day
 10% = ½ day
 5% = Every other week for ½ day
- Column 8: Indicate (✓) if rotation includes supervision of more junior residents.
- Column 9: Indicate (✓) if the combined residents interact with categorical pediatric or dermatology residents during this rotation.

