

Application for Pediatric Dermatology Fellowship Training Programs

The American Board of Dermatology

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INSTRUCTIONS FOR COMPLETING APPLICATION FORM FOR APPROVAL OF FELLOWSHIP TRAINING PROGRAMS IN PEDIATRIC DERMATOLOGY

Applications: The ABD will evaluate and approve the applications for fellowship programs. Please contact the ABD office for any questions about the application. Note that a subspecialty program must function in conjunction with fully accredited programs with the ACGME and RRC in pediatrics and dermatology.

Before work is begun on this form, the Curriculum Outline for Fellowship Training in Pediatric Dermatology should be thoroughly reviewed. A copy of this document may be obtained from the American Board of Dermatology web site (www.abderm.org).

If more than one hospital participates in the program, information on each hospital should be given as requested. The Pediatric Dermatology Program Director is responsible for gathering the requested data from the participating institutions and consolidating the information on one form.

The total length of time subspecialty fellows are assigned to each participating hospital should be filled in as requested.

If the subspecialty residents in your program rotate for a period of time to another accredited pediatric or dermatology training program, an inter-institutional affiliation agreement must be on file at your institution.

For those sections where additional pages are needed to answer the questions, please complete your response on a separate sheet of paper.

All sections of the form must be completed. If any requested information is not available, an explanation should be given in the appropriate place on the form.

The Program Director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the Chair/Chief of Service of both the Dermatology and Pediatric Departments.

New application: Send an electronic copy (abderm@hfhs.org) to the Executive Director of The American Board of Dermatology or an original copy to the address above.

PROGRAM INFORMATION FORM
PEDIATRIC DERMATOLOGY FELLOWSHIP

Title of Program:
Date of Application:

SPONSORING INSTITUTION:		
Name the entity, i.e., the university, hospital, or foundation that has administrative responsibility for this program.		
Name:		
Address:		
City/State/ZIP:		
If this is not a medical school program, is there an affiliation with a medical school:	YES	NO
Name of Medical School:		

Name and mailing address of Pediatric Dermatology Program Director:	
Name:	
Title:	
Address:	
E-mail:	
Telephone:	FAX:
The signatures of the director of the program and the chief of the department attest to the completeness and accuracy of the information provided on these forms.	
Signature - Dermatology Chair	Signature - Pediatrics Chair
Signature – Pediatric Dermatology Program Director	
Date _____	

PRIMARY HOSPITAL (Hospital 1)			
Name:			
Address:			
City/State/ZIP:			
Total number of months pediatric dermatology fellow is assigned to this institution in each year of training:	Year 1:	Year 2:	
Chief/Chair, Department of Dermatology:			
Chief/Chair, Department of Pediatrics:			

For each participating institution provide letters of agreement specifying the administrative and organizational relationships which bear upon the educational program.

OTHER PARTICIPATING INSTITUTION (Hospital 2)			
Name:			
Address:			
City/State/ZIP:			
Total number of months pediatric dermatology fellow is assigned to this institution in each year of training:	Year 1	Year 2	
Is this hospital used for: (check appropriate box)	Required rotations?	Elective rotations?	Other?
Chief/Chair, Department of Dermatology:			
Chief/Chair, Department of Pediatrics:			

OTHER PARTICIPATING INSTITUTION (Hospital 3)			
Name:			
Address:			
City/State/ZIP:			
Total number of months pediatric dermatology fellow is assigned to this institution in each year of training:	Year 1	Year 2:	
Is this hospital used for: (check appropriate box)	Required rotations?	Elective rotations?	Other?
Chief/Chair, Department of Dermatology:			
Chief/Chair, Department of Pediatrics:			

PEDIATRIC DERMATOLOGY SUBSPECIALTY FELLOWS

CURRENT SUBSPECIALTY FELLOWS

Provide the following information regarding the current Pediatric/Dermatology fellows in the program:

Name	Date began Ped Derm program	Name of ACGME-accredited dermatology residency program completed	Date of completion	Name of medical school	Date of graduation
Total number of graduates of this program in the last five years:					

PROGRAM FACULTY

A. PROGRAM DIRECTOR

Explain on a separate sheet of paper how the Pediatric Dermatology program meets the Program Requirements with regard to: a) primary and subspecialty certification; b) demonstrated competence as a teacher and researcher; and, c) adequate administrative experience to direct the program.

B. FACULTY

List below the primary faculty members who are direct contributors to the program, including the Program Director. List the pediatric dermatologist first. **Time on pediatric dermatology teaching service** should include the total time spent providing instruction, supervising inpatient and outpatient experiences and supervising consultation experiences. Also include and identify any research mentors who participate in training.

Name	Primary specialty	Faculty in training program		Location: Hospital 1, 2, 3	Specialty Certification
		Hrs. per week	Wks. per year		Specify years role in training program

For each of those listed above, provide details of the individual's role in the pediatric dermatology program. If not certified in dermatology provide evidence of equivalent qualifications. Specify the type of contact with the subspecialty residents, e.g., lectures, group discussions, ward rounds, laboratory supervision, patient care activities, consultations. Indicate clearly how the reported time is distributed. Include research mentors.

C. CURRICULUM VITAE

1. Attach as Appendix A the Program Director's full curriculum vitae and complete bibliography.

FACILITIES AND SERVICES

Indicate the availability of the following:

Facility/Service	Hospital 1		Hospital 2		Hospital 3	
	Yes	No	Yes	No	Yes	No
Space in an ambulatory setting for optimal evaluation and care of patients						
An inpatient area with pediatric and related services (including surgery and dermatopathology) staffed by residents and faculty						
Pediatric intensive care unit						
Number of beds in PICU						
Neonatal intensive care unit						
Number of beds in NICU						
Access to dermatopathology laboratory						
Equipment & computer services for data analysis						
Library facilities						
Access to						

Fellow Clinic and Conference Schedule while on Pediatric Dermatology*

M	T	W	TH	F

*Provide details regarding times if more than one commitment per day ½ day (e.g. 8-9 pediatric rounds, 9-12 clinic): please provide information by week if there are differences (e.g. first Monday am genodermatosis clinic, second Monday am GVHD clinic).

List special conferences or clinics held less than once a month.

Is there dedicated office space? Please describe.

SKILL OBJECTIVE

Indicate whether or not the program provides experience in each of the following procedures.

PROGRAMS MAKING NEW APPLICATION SHOULD COMPLETE ONLY THE COLUMN MARKED "NO. PERFORMED ON SERVICE(S)" FOR EACH HOSPITAL.

Inclusive Dates for 1 year:	Selected one year period (e.g., 7/1/07-6/30/08):
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Please provide us with an estimated total number of pediatric dermatology patients (newborn – 18 years old)

	Hospital 1	Hospital 2	Hospital 3	Totals
Pediatric inpatient consultations (excluding newborn)				
Newborn inpatient consultations				
Pediatric outpatient visits				
Dermatologic Procedures (laser and surgeries*)				
Totals				

*Surgeries include excisions and grafts, but not punch biopsies, shave excisions or cryosurgery)

Please describe exposure to the following (who teaches; settings: frequency of exposure) and provide examples as appropriate (it is understood that fellows may have limited exposure on-site):

1) Dermatopathology review:

2) Phototherapy:

3) Patch Testing:

4) Surgery Techniques with local/general anesthesia:

5) Laser:

RESEARCH PROGRAM

Provide your responses in the text boxes.

- A. Describe your expectations regarding fellow involvement in research (examples welcome); include expected time commitment and how this meshes with clinical training.

- B. What infrastructure, facilities, space and equipment are available for research? (e.g. describe clinical trial program statistical support, CRC, laboratories and potential collaborators).

- C. Provide a list of scholarly publications and presentations at regional, national and international meetings by faculty and subspecialty fellows who were in the program during the last three years (indicate if any of them are no longer present in the program). List journal articles, presentations and abstracts separately under those headings. Do not duplicate citations. Underline the names of the pediatric dermatology subspecialty fellows.

- D. If applicable, please provide information of all past fellows and where they are at this time (academic vs. private practice, full-time vs. part-time, location).

CONFERENCES

1. List regular subspecialty and interdepartmental conferences, rounds, etc., that are a part of the pediatric dermatology training program. Identify the **INSTITUTION** by using the corresponding number as it appears on the first and second pages of this form. Indicate the frequency, e.g., weekly, monthly, etc., and whether conference attendance is required (R) or optional (O).

Conference	R, O	Frequency	Person(s) responsible for conducting conference	Hospital 1, 2, or 3

2. Describe how the pediatric dermatology subspecialty fellows participate in these activities:

3. What are the attendance requirements for the pediatric dermatology subspecialty fellows? What mechanisms are (will be) used to ensure subspecialty fellow attendance at required conferences? To what degree is faculty attendance expected? Is this monitored?

4. Describe participation of fellow in non-dermatology pediatric clinics and conference.

How is the fellow involved with patient communication outside of the clinic or in-patient setting? Are there call backs per week (average)? Prescriptions refills (average)?

How are responsibilities divided within the department/division with residents (pediatric dermatology), nurses, PA's or nurse practitioners, attendings, other fellows? Describe the direct teaching or supervisory activities of the fellow towards residents?

THE PEDIATRIC DERMATOLOGY FELLOWSHIP TRAINING PROGRAM

Provide a narrative description of the dermatology fellowship training program. The points listed below should be covered in the narrative.

A. GENERAL PROGRAM CHARACTERISTICS

1. PEDIATRIC DERMATOLOGY PROGRAM DIRECTOR RESPONSIBILITIES

- a. The Program Director is required to prepare a written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes of the subspecialty fellows, covering each major rotation and/or program assignment.
- b. There must be a written description of supervisory lines of responsibility for the care of patients which has been communicated to all members of the teaching staff. Provide a brief summary of this document.
- c. Explain the method of selection of subspecialty fellows to the pediatric dermatology program.

2. SERVICE DUTIES

Describe the call schedule including whether it is on-site or from home. Demonstrate how the schedule allows subspecialty fellows an average of one day in seven away from program duties.

3. FELLOW RESEARCH

- a. How does the program ensure a meaningful supervised research experience for the subspecialty fellows, beginning in their first year and extending throughout their training?
- b. How do subspecialty fellows receive support and guidance in the preparation of manuscripts and presentations?

4. FELLOW TEACHING

- a. How are subspecialty fellows involved in the education of house staff and medical students?

5. PROGRAM AND FELLOW EVALUATIONS

- a. Is the training program periodically evaluated by the staff? Do these reviews include the educational goals, the needs of the fellows, and the clinical and research responsibilities of the faculty? Is the quality of the curriculum and the extent to which the educational goals have been met by the subspecialty fellows assessed?
- b. Does at least one subspecialty fellow representative participate in these reviews?
- c. Please attach the form used to evaluate fellows. Are the 6 core competencies specifically included? How often is the fellow evaluated? Do all attendings provide feedback to the personnel? Is there feedback from residents? Ancillary personnel, (nurses, receptionists)? How often does the direction meet with the fellow to discuss feedback?

B. SPECIALTY EXPERIENCES

1. Outpatient experiences

- a. What degree of responsibility do subspecialty fellows have for required outpatient care?
- b. Describe the continuity of care experience the subspecialty fellows receive during their period of assignment to the outpatient clinic.
- c. How and by whom are subspecialty fellows supervised during the provision of outpatient care?
- d. How do subspecialty fellows have the opportunity to provide outpatient care for patients whom they treated on the inpatient service?

2. Inpatient experiences

- a. What responsibilities do subspecialty fellows have for inpatients requiring acute and chronic care in appropriate facilities when assigned to inpatient services?
- b. How and by whom are subspecialty fellows supervised?
- c. How many hours per week do subspecialty fellows participate in rounds with faculty?

Is a certificate or diploma granted to the pediatric dermatology fellow upon satisfactory completion of training?

Yes _____ No _____

Signature _____

Today's Date _____