

# DERMATOLOGY SENIOR RESIDENCY

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## TRAINING REQUIREMENTS

### **(A) INTRODUCTION**

The Dermatology Senior Residency (SR) Programme shall be a competency-based programme designed to meet specific outcomes in the 7 key competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills professionalism, system-based practice and faculty development.

The programme includes 3 years of dermatology training which is preceded by broad-based clinical training programme. This broad-based clinical training is attained via internal medicine residency. The 3-year dermatology SR provides continuous base of active participatory study and experience in dermatology and rotation through the various core dermatology subspecialties. There will also be an additional 6 months rotation to GM or Geriatric medicine (GRM), with 2 months GM/GRM rotation per year.

The dermatology SR programme is designed on a modular basis. In the first year (D1), emphasis shall be on general dermatology, dermatopathology, basic surgical procedures and sexually transmitted infections. In the second year (D2), residents shall be given clinical exposure to subspecialties in dermatology, including procedural dermatology, contact and occupational dermatoses, cutaneous infections, immunodermatology, paediatric dermatology, photobiology and phototherapy and inpatient dermatology. In the third year (D3), the emphasis shall be on consolidation of knowledge and attainment of independent professional competence.

### **(B) PROGRAMME OVERVIEW**

The 10 core dermatology modules have been selected based on the major dermatology themes reflecting importance in future clinical practice.

The core dermatology modules include:

#### I. General Dermatology

- Acne Vulgaris
- Eczema / Dermatitis
- Urticaria / Angioedema
- Papulo-squamous disorders
- Disorders of pigmentation
- Skin Infections – viral, bacterial, fungal etc
- Hair Disorders
- Nail Disorders
- Disorders of skin appendages
- Skin in systemic illnesses
- Skin disorders in special populations – elderly, pregnant, immunocompromised
- Psychodermatology

- Epidemiology and Public Health in Dermatology
- II. Sexually Transmitted Infections
- III. Dermatopathology
- IV. Procedural Dermatology
- V. Contact & Occupational Dermatoses
- VI. Immunodermatology
- VII. Paediatric Dermatology
- VIII. Photobiology, Phototherapy and Psoriasis
- IX. Inpatient Dermatology
- X. Skin cancers including cutaneous lymphomas

Residents are mandated to rotate 18 months to NSC and 6 months each to CGH, SGH and NUH, for a total of 3 years of dermatology training. There will be an additional 6 months GM/GRM rotation.

	CGH	SGH	NUH	NSC	General Medicine / Geriatric Medicine	Total
<b>All residents (No affiliation)</b>	6 Months	6 Months	6 Months	18 Months	6 Months	42 Months

Residents shall be assessed by their teachers / supervisors to have achieved the desired competency outcomes before being certified to have successfully completed the module. The formative assessment of competence within each module shall take the form of a series of mini-clinical evaluation exercises (mini-CEXs).

Residents shall complete all the core training modules before being allowed to take the final exit examination. If the resident fails to fulfil the requirements set out for a particular module, the resident shall be required to re-do the module until the requirements as set out are met.

Quarterly reviews by the Resident's supervisor shall be carried out to ensure that progress towards attaining training objectives and competencies is made.

## **(C) ADMISSION REQUIREMENTS**

Completion of IM residency and passing of the relevant intermediate examination (e.g. MRCP/M.Med).

Candidates who have completed equivalent and accredited training programmes overseas (e.g. USA, UK, Australia, Malaysia, Hong Kong) may be considered for entry on a case-by-case basis.

## **(D) TRAINING REQUIREMENTS**

### **I. Key Competencies**

The training programme aims to achieve the desired outcomes in the 7 key ACGME competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, system-based practice and faculty development.

The 7 key competencies identified are:

## **A. Patient Care**

Early in their education, residents must be competent in basic dermatology clinical skills required for the diagnosis, evaluation and proper management of common and uncomplicated cases. As residents progress in educational level, they should be able to demonstrate patient care skills with non-routine, complicated patients and under increasingly difficult circumstances. Residents shall learn how to engage compassionately and communicate effectively with patients with regards to diagnosis, management, counselling and health education. Residents should learn to manage the patients holistically instead of in a siloed manner.

To achieve this, the residents shall:

- i) Attend at least 75% of clinic sessions scheduled:
  - Present and discuss all new cases with the Consultants
  - Present and discuss all complex review cases with the Consultants
- ii) Perform the required number of case reports and presentations.

## **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.

To achieve this, the residents shall:

- i) Attend at least 75% of all Resident-directed academic activities which include:
  - Tutorials, book / research / journal clubs
  - Basic science lectures
  - Clinical-pathological conferences
  - Conference updates
  - Clinical and histological slide reviews
  - SR case presentations and literature reviews
  - Masterclasses
- ii) Complete the core curriculum of each module via didactic teaching sessions, active case discussions with faculty and self-directed learning.

## **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.

To achieve this, the Residents shall:

- Identify strengths, deficiencies, and limits in their knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- Use information technology to optimize learning
- Participate in the education of patients, families, students, residents and other health professionals.

#### **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.

To achieve this, the Residents shall:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals;
- Maintain comprehensive, timely, and legible medical records

#### **E. Professionalism**

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

To achieve this, the residents shall show:

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

#### **F. System-based Practice**

The Resident must appreciate that he is part of a larger system and be aware of the other inter-related services contributing to the overall care of the patient. It is important for the resident to appreciate the core values of professionalism and collegiality and develop a healthy and positive working relationship with fellow residents, faculty, nursing and other allied health staff.

To achieve this, the Residents shall:

- Work effectively in various health care delivery settings and systems relevant to dermatology
- Coordinate patient care within the health care system relevant to dermatology;
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- Advocate for quality patient care and optimal patient care systems;
- Work in inter-professional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions.

**G. Faculty development**

Residents as Future Teachers is a core competency. Residents have to be trained as effective role models, teachers and leaders to junior doctors, other healthcare trainees and medical students. Residents are expected to:

- To teach and guide junior residents in clinical skills, procedures, and patient care
- Participate in co-ordinating medical students and junior residents teaching programs

**II. Cross-Cluster Rotation Requirements**

	<b>When</b>	<b>Duration</b>
<b>Dermatology</b>	R4 – R6.5	Minimum 3 months

**(E) SUPERVISION AND WORK HOURS OF RESIDENTS**

**I. Supervision**

All Residents will be supervised by a designated supervisor. The ratio of all teaching faculty to residents should be 1:1. The number of core clinical faculty to resident ratio must be no less than 1:2. 20% of Resident's time must be protected for training.

**II. Work Hours**

Work hours can be defined as all clinical and academic activities related to residency training. Work hours must be limited to 80 hours per week, averaged over a month, including all on-calls. Residents must be allowed 1 day (i.e. 24 continuous hours) in 7 days free from all clinical administrative and academic responsibilities, averaged over a month. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

In-house call must occur no more frequently than every third night, averaged over a four-week period. No new patients may be seen after 24 hours of continuous duty. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may continue to be on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

Work hours must be reported in the designation system (e.g. New Innovations) and tracked by the Programme Director.

**(F) ASSESSMENT AND FEEDBACK**

**I. Log of operative / clinical experience**

All Residents are expected to keep a log of their operative / clinical experience in the designated case log system.

## II. Assessment

The supervisor's evaluation of the Resident should be performed at the end of every rotation using the designated form and then submitted to the RAC for review.

## III. Feedback

Residents should perform a yearly evaluation of teaching faculty and the training programme using the designated forms. These forms must be submitted to the RAC and kept absolutely confidential. *(KIV to engage IT systems for the provision of the survey)*

## IV. Examinations

Evaluation shall be both formative as well as summative. The following table provide selected methods of formative evaluation and evaluators used for assessing resident competence in each of the seven required competencies. Summative assessment shall take the form of the Residents Annual Assessment and the Exit Examination conducted at the end of the 3-year dermatology education by an appointed panel comprising of at least 3 RAC members in the presence of an external examiner.

Competency	Assessment Method	Evaluator
<b>Patient Care</b>	Direct workplace / procedure observation (mini-CEX)	Unit chief, Subspecialty Consultant
	Observed histories and physicals	Attending consultant
	Practice audit	Evaluation committee
<b>Medical Knowledge</b>	American Board of Dermatology BASIC examination	American Board of Dermatology
	End of module MCQs	Unit chief, Subspecialty Consultant
	Monthly clinical slide quiz	Faculty members
	Monthly dermatopathology quiz	Dermatopathologist
	Annual clinical examinations	Panel of examiners
	Annual dermatopathology examination	Chief of Dermatopathology
<b>Practice-based learning &amp; Improvement</b>	CPIP project	Team leader
	Formulation of evidence based clinical management guidelines	Faculty members
<b>Interpersonal &amp; Communication Skills</b>	Patient satisfaction survey	Patient

Competency	Assessment Method	Evaluator
	360 degree appraisal	Other residents, faculty members, nurse, clinic executives
	Peer assessment	Peers
	Presentation skills during DSS and NSC annual scientific meetings	Faculty and external evaluators
<b>Professionalism</b>	Patient satisfaction survey	Patient
	360 degree appraisal	Other residents, faculty members, nurse, allied health professional
	Peer assessment	Peers
<b>Systems-based Practice</b>	360 degree appraisal	Other residents, faculty members, nurse, clinic executives
	Medical audit	Evaluation committee
	Annual interview with HOD	HOD
<b>Faculty Development (Senior Residents as future Educator)</b>	360 Multisource Feedback	Other Senior Residents, faculty members, nurse, allied health professional
	Teaching Feedback	Other Senior Residents, faculty
	Undergraduate Student Feedback	Attached undergraduates during their 2-week dermatology posting

## **(G) CHANGES IN TRAINEESHIP PERIOD AND LEAVE OF ABSENCE**

### **I. Changes in Training Period**

Residency should be continuous. If a training programme is interrupted for any reason whatsoever, the RAC may at its discretion, require the resident to undergo a further period of training in addition to the minimum requirements of the programme or terminate the residency altogether. All residents are required to conform to the residency training plan as approved by the RAC and complete all the exit and training requirements within the maximum candidature.

### **II. Leave Of Absence**

All residents are to comply with the prevailing MOH policy on Leave of Absence.

### **III. Overseas Postings**

Overseas attachment during Senior Residency training is not permitted with the exception of Radiation Oncology and Neurosurgery (*refer to JCST Circular 114/14*).