

ABSTRACTS

DERMATOLOGY TEACHERS EXCHANGE GROUP

3:30 - 5:30 pm, Wednesday, March 3, 2010

Key Biscayne A Room, Eden Roc Hotel
4525 Collins, Miami Beach, FL

Establishing a Core Curriculum for Dermatology Nurse Practitioners Using the Delphi Technique

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Background: Despite a rising trend of nurse practitioners (NPs) in dermatology, a core curriculum that defines the essential knowledge and skills of dermatology NP education has not been established. **Objective:** The aim of this study was to compare the opinions of dermatology NPs and dermatologists, regarding the content for a dermatology NP core curriculum. **Methods:** Using Delphi technique, questionnaires containing 91 curricular content items, were sent to 508 dermatology NPs and their collaborating dermatologists (mainly medical dermatology). Participants scored the importance of each item using a 4-point Likert scale (essential =4, very important =3, somewhat important =2, and not important =1). **Results:** The Round 1 response rate was 21% of dermatology NPs (n = 106) and 11% of dermatologists (n = 52), whereas Round 2 response rates were 73% (n = 77) and 54% (n = 28) of the participants from Round 1, respectively. Dermatologists rated 15 curricular items less important compared to NPs (between dermatologists and NPs, where the absolute value of the mean difference in Likert score was ≥ -0.4 and $p \leq 0.02$). Items in this category included those associated with basic sciences, academic roles, and surgical skills. Agreement between dermatologists and NPs was apparent for 67 items (difference in Likert scale score of < 0.35 , and $p > .05$). Categories of agreement included general medical dermatology, pharmacology, basic procedures, and health promotion/disease prevention. **Conclusion:** This Delphi study provides remarkable consensus between dermatologists and NPs, constituting seminal data for the establishment of a core curriculum for the educational preparation of dermatology Nps.

Three letters that will change the way you run your residency program and practice: CMS

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ABSTRACT:

The Dermatology Residency Program at the Ohio State University Medical Center has created a resident-run website at www.OSUDerm.org that serves essential functions in operating the program including, but not limited to: (1) posting resident schedules for clinics, vacations, and electives; (2) managing academic calendars and assignments; (3) posting announcements for events and important meetings; (4) maintaining an up-to-date central repository for contact information; (5) sharing lecture powerpoints and other files; (6) collaborating on academic endeavors; (6) posting links to valuable sites; (7) managing rotating medical students and residents; (8) collecting and organizing information such as registration for events; (9) maintaining records important for accreditation such as attendance and schedule archives; and (10) providing information relevant to patients and the public.

These functions, and many others, are all made possible by a web-based Content Management System (CMS). The CMS allows for each resident, faculty, and staff member to have their own individual user login. Each user has a specific set of permissions that allows them to perform certain roles on the website. For example, an account designated as "resident" can request vacation days, but only an account designated as "Program Administrator" can mark the requests as "approved." Another example is that only accounts designated as "Chief Resident" can edit the academic and clinic schedule assignments. As a security measure, the CMS logs the username for every major change made to the website, so site administrators can track who made what change. Since the website content can be edited by numerous users, the content should never be out of date (and if it becomes out of date, it can easily be changed by any user who has permission to do so).

This presentation will highlight the CMS that OSUDerm.org is built on, demonstrate how some of the functions are implemented, discuss the pros and cons of such a system, and will provide information about some of the most popular CMS frameworks currently available. As more and more CMS frameworks become available, "old" ways of manually creating large websites with HTML is becoming impractical.

Why Teaching Service Excellence to Residents Is The Best Thing I Ever Learned As A Program Director

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Service Excellence (also called Customer Service) is a critical competency for physicians; at a minimum, service excellence is a component of the ACGME competencies Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, and Professionalism. Best taught during residency, training in providing good service leads to a more efficient and happier workforce. Service Excellence forms a foundation for other projects, including use of “lean” (Toyota manufacturing) principles and safety improvements. After instituting Service Excellence Programs, Program Directors will spend more time in education and less in problem-solving. Furthermore, studies have shown that patient satisfaction is driven largely by patient experiences, even more than patient outcomes. There is evidence that quality medicine and patient satisfaction are one and the same. Residents who understand how to provide fabulous service can take the concepts into their future work, whether in private practice, academics, or other positions.

Goals of the presentation are to help faculty to: Understand why Service Excellence is important and how it represents quality in medicine; believe that Service Excellence benefits everyone in the organization, including patients; have the knowledge to implement a Service Excellence Program in their own departments; reach the tipping point where they will return to work and do something to further Service Excellence.

Best Lessons Learned as an Educator/Program Director: Fair is not Equal

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Fairness is often thought to be equality of experience, resources and opportunity. If everyone is treated the same, no one gets shorted or gains an unfair advantage. With our ever more sophisticated applicants who have diverse backgrounds, learning styles and career objectives, the most unfairly that they can be treated is by an institution's rigidly applied sameness in their training. This is especially true when long-term goals include subspecialty expertise. While initial experience to gain a common ground is needed over the course of residency, a tailored approach to maximally prepare trainees for their future careers is recommended.

Other top pearls include:

1. Have as few rules as possible, so that you may remain flexible
2. Look for and find the good in others
3. Tell people you appreciate them and care
4. Don't let weaknesses get in the way of strengths
5. Make it a team event, when one succeeds, we all do
6. Give multiple opportunities to succeed
7. Don't ask trainees to do something they don't see you doing; ask them to do what you do
8. Be generous
9. Serve and support others
10. Expect the best in others, have high expectations
11. The great teacher inspires

“One for the money, two for the show, three to get ready”, four to go:
SEVEN STEPS TOWARD A BETTER SPECIALTY

Ponciano D. Cruz, Jr., MD

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For 2 decades, I have had the opportunity of directing a residency program that has graduated over a hundred dermatologists, many of whom today wield influence and render expert patient care in academic institutions, national organizations, and private practices across the U.S. In taking stock of my experience at Southwestern, 7 steps stand out as key to our program’s success. Those ideas are listed below in order of increasing importance:

7 - Consistency

6 - Track progress

5 - Look to the future; learn from the past

4 - Feedback is magical

3 - Highest standards

2 - Transparency

1 - Clarity of purpose