



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Residency Training in
Dermatology**

**American Osteopathic Association
and
American Osteopathic College of Dermatology**

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ARTICLE I – INTRODUCTION

These are the Basic Standards for Residency Training in Dermatology as established by the American Osteopathic College of Dermatology (AOCD) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in dermatology and to prepare the resident for examination for certification in Dermatology by American Osteopathic Board of Dermatology (AOBD). Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is critical to produce milestones of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation to the competent and safe practice of dermatology.

ARTICLE II – MISSION

The mission of the osteopathic dermatology training program is to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic dermatologists.

ARTICLE III – EDUCATIONAL PROGRAM GOALS

The objectives of a residency program in dermatology:

- A. Provide training which integrates the seven core competencies of osteopathic medicine in the teaching of basic medical sciences and clinical medicine in an orderly, progressive, and academic manner from a defined hospital department/ division of dermatology.
- B. Core Competencies of the Osteopathic Profession
 1. *Osteopathic Philosophy and Osteopathic Manipulative Medicine:*
 - a. Residents must demonstrate and apply knowledge of accepted standards in Osteopathic Philosophy and Practices (OPP)/Osteopathic Manipulative Therapy (OMT)
 2. *Medical Knowledge and Its Application Into Osteopathic Medical Practice:*
 - a. Residents must demonstrate and apply integrated knowledge of accepted standards of clinical medicine and OPP in dermatology, remain current with new developments in medicine and participate in lifelong learning activities, including research.
 3. *Osteopathic Patient Care:*
 - a. Residents must demonstrate the ability to treat patients and provide medical care that incorporates the osteopathic philosophy.
 - b. The resident must demonstrate patient empathy, awareness of behavioral issues and incorporate preventive medicine and health promotion.
 4. *Interpersonal and Communication Skills in Osteopathic Medical Practice:*
 - a. Residents must demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health-care teams.
 5. *Professionalism in Osteopathic Medical Practice:*
 - a. Residents must uphold the Osteopathic Oath in the conduct of their professional activities. This includes promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning and sensitivity to a diverse patient population.
 6. *Osteopathic Medical Practice Based Learning and Improvement:*
 - a. Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.
 7. *System-Based Osteopathic Medical Practice:*
 - a. Residents must demonstrate an understanding of health-care delivery systems and provide qualitative osteopathic patient care as well as practice cost-effective medicine within the system.

ARTICLE IV – INSTITUTIONAL REQUIREMENTS

- A. There must be an organized department or division of dermatology associated with an osteopathic training hospital that has an OGME-1 preliminary or traditional rotating internship.
 - a. All trainers in the program must be board certified by the AOBD or American Board of Dermatology (ABD).
 - b. There must be a minimum of two (2) full- time members of the clinical faculty, who are board certified osteopathic dermatologists to be trainers for every four residents within 75 miles of the base institution.
- B. Members of the Pathology department must be available to integrate clinical manifestations with gross pathology and microscopic pathology.
- C. Members of the Radiology department must be available to provide exposure to radiation oncology as utilized in dermatological cases.
- D. At each participating site, there must be a minimum of one faculty member with documented qualifications to instruct and supervise all residents at that location.
- ~~E. IN THE CLINICAL LEARNING ENVIRONMENT, EACH PATIENT MUST
— HAVE AN IDENTIFIABLE, APPROPRIATELY CREDENTIALLED
— ATTENDING PHYSICIAN APPROVED BY THE HOSPITAL
— DME OR THE SPONSORING OPTI. THE ATTENDING FACULTY MEMBER IS
— ULTIMATELY RESPONSIBLE FOR THAT PATIENT’S CARE.~~
(REMOVED BY COPT, UNDER APPEAL WITH AOA)
- F. Residents and faculty members must inform patients of their respective roles in each patient’s care.

ARTICLE V -PROGRAM REQUIREMENTS and CONTENT

- A. The program must have an on-site pre-approval inspection by the AOCD EEC.
- B. The residency program in dermatology shall be three (3) years in duration during which time the resident shall learn the basic classification of diseases and the pharmacodynamics of the various therapeutic agents as they relate or apply to the field of dermatology.
 - 1. The clinical protocol must include recognition and treatment of dermatologic conditions during the chronological progression of the integumentary system (i.e., the neonatal, pediatric, adolescent, adult and geriatric cycles of life) in order to provide total health care as it relates to dermatology.
 - 2. In addition to the basic requirements, the program shall prepare the resident in the following: mycology, allergy and immunology, dermatologic surgery and oncology, Mohs surgery, medical dermatology and dermatologic physical modalities. The clinical subjects includes dermatopathology, therapeutic radiology and phototherapy, medical.
 - 3. There must be scope and volume of adult and pediatric patients to gain medical, pediatric, surgical, and dermatopathology education.
- C. The residency program shall include instruction on special dermatological diagnostic and surgical techniques, and other modalities in current use. The modalities shall be supervised by dermatologists proficient in their clinical applications.
- D. The residency program shall include in-patient dermatology experience to allow the resident to develop skills necessary to perform standard dermatology consultations.
- E. Techniques of medical writing, manuscript preparation, and manuscript presentation shall be incorporated into the residency program.
- F. The residency program shall assure that the resident:
 - 1. Is provided with didactic sessions on the mechanism of disease as it relates to dermatology. This must include clinical conferences and didactic lectures related to patient care, consultations, inpatient rounds, dermatologic surgery, and dermatopathology.
 - 2. Reviews histories, physical examinations, and other pertinent information associated with patient care and training site procedures.
 - 3. Maintains a professional relationship with the allied medical specialties and organizations, and affirms his/her responsibilities towards specific specialties or organizations related to osteopathic medicine and dermatology.
 - 4. Participates annually in a standard evaluation of expertise in dermatology by oral, written and practical examinations to ascertain his/her progress in the training program.
- G. 75% of the training experience must involve direct patient care. The residency program shall ensure that the educational component of patient care outweighs the service component.
- H. The residency program shall provide lectures on issues pertinent to training in dermatology. These shall occur on a weekly basis in a clinic or office setting, grand rounds, clinical conferences or journal club.
- I. The residency program must provide at least three months and a maximum of six (6) months of elective rotations outside the parent institution during the three (3) year training program. These

rotations must be approved by the program director, and must meet the requirements of the training program and the AOA. The rotation template for each resident must be available for review.

- J. There must be an affiliated dermatopathologist available to integrate clinical manifestations with gross pathology and microscopic pathology.
- K. The program shall provide educational opportunities for faculty development.
- L. The program will ensure that a member of the teaching staff is on-site and immediately available when residents are participating in patient care during clinic operation.
- M. The program will ensure that residents receive properly supervised experience in consultative inpatient dermatology in compliance with CMS, state, and federal standards.
- N. The program will ensure that residents should be trained, throughout the residency, with various combinations of lectures, conferences, seminars, demonstrations, individual or group study of color transparencies or images and histologic slides, clinical rounds, chart and record reviews, faculty-trainee sessions in small groups and one-to-one settings, book and journal reviews, and attendance at local, regional, and national meetings.
- O. The program must provide a Resident Clinic ~~IN THE HOSPITAL SETTING OR AN OUTPATIENT AREA AFFILIATED WITH THE HOSPITAL~~, from where inpatient consultations are drawn. **(REMOVED BY COPT, UNDER APPEAL WITH AOA)**

ARTICLE VI - PROGRAM DIRECTOR / FACULTY

Updated faculty curricula vitae must be kept on file in the Education Office and available for review. The updated faculty curricula vitae must be submitted to the AOCD.

- B. There must be a single program director with authority and accountability for the operation of the program.
- C. The program director shall have the following qualifications and responsibilities:
 - 1. Qualifications:
 - a. Be an Osteopathic physician certified in dermatology by the AOA through the AOBD or through the ABD
 - b. The program director must be a member in good standing of the AOCD.
 - c. Have no less than five (5) years of full-time dermatology practice experience post residency, in the care of dermatology patients and a minimum of (3) years as a teacher in a dermatology residency prior to assuming the responsibilities of this position. The program director must continue in his or her position for at least 2 of the 3 years in a resident's cycle to maintain continuity of leadership and program stability.
 - d. Be capable of teaching a broad program in basic sciences and in clinical dermatology.
 - e. Maintain staff privileges as a dermatologic consultant at an accredited hospital to provide training and management of inpatient dermatologic cases.
 - f. The program director must hold a valid state license and be a full-time, practicing specialist in the location in which training is taking place.
 - 2. Responsibilities:
 - a. The program director shall be responsible for providing a comprehensive training program which meets the goals and objectives described in the program description as well as the training requirements outlined in this document.
 - b. The program director shall be required to submit semi-annually evaluations to the director of medical education. Copies of these evaluations shall be sent to the AOCD.
 - c. The program director shall be required to submit an annual roster listing the names and status of current residents and new residents to AOCD Education Evaluating Committee by May of each year.
- D. The program director shall prepare and submit all information required and requested by the AOCD, including but not limited to the program information forms and annual program resident updates, and ensure that the information submitted is accurate and complete per established AOCD deadlines.
- E. In a three year program, the program director must attend at least two (2) educational programs, during every resident's 3 year training cycle. Those meetings must be either the Annual or Fall AOCD Conference.

- F. The program director must attend “AOCD Residency Director’s Meetings” each year held in conjunction with AOCD meetings. A program director must notify the AOCD of extenuating circumstances prohibiting their attendance, and must send an acceptable alternate.
- G. The program director shall be responsible for reviewing all oral presentations and manuscripts for publication prior to the resident submitting them. In addition, the program director must submit a signed and dated statement that the resident’s oral presentation has been reviewed, thereby allowing the resident to be included in the AOCD meeting program.
- H. The program director must maintain and review case reports to assist the resident in their academic evaluations throughout the training program.
- I. The program directors must submit a list of their trainers to the (AOCD) every July 1st.
- J. The program director shall ensure there is an attending supervising faculty member at each participating site who is accountable for resident education and properly supervised.
- K. The program director shall evaluate and approve the selection of program faculty with the hospital based DME or the sponsoring OPTI ensuring appropriate credentialing of the faculty member.
- L. The program director shall monitor resident supervision at all participating sites and shall monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with CMS, State and Federal regulations.
- M. The program director must administer and maintain an educational environment conducive to educating the residents in each of the AOA CORE competency areas.
- N. The program director shall comply with the sponsoring institution’s written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents.
- O. The program director must ensure the presence of physician faculty member on-site and immediately available when residents are participating in patient care during normal clinic hours.
- P. During a temporary absence of program director, an interim director must be appointed by the program or OPTI.
- Q. If the temporary absence is six weeks or longer, the Education Evaluation Committee must be notified, and the interim appointment must not exceed six months.
- R. The interim director must be a full-time Osteopathic faculty member with current certification by the American Osteopathic Board of Dermatology, and with at least three years of experience educating dermatology residents or fellows.

- S. A change in program director may result in an immediate inspection of the residency program, as the entire educational environment is affected by this change. This may include location, patient base, facilities, education resources and philosophy. The AOCD will determine the need for a full inspection.
- T. All Faculty must
1. Be certified in dermatology. ~~by the AOA through the AOBD or through the ABD.~~
 2. Regularly participate in organized clinical discussions, rounds, journal clubs, and Conferences.
 3. Be actively involved in training residents.

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ARTICLE VII - RESIDENT REQUIREMENTS

- A. 1. Applicants for residency training in dermatology must have completed an AOA approved internship or an appropriate OGME1 training program accredited by the AOA.
2. The resident must be and remain a member in good standing of the AOCD during training.
- B. 1. During the residency program, the resident must submit an electronically typed annual report of their training to the AOCD within 30 days after the end of each training year.
2. Residents must fulfill all educational requirements for papers, posters and AOCD lectures as published in the AOCD Educational Policies and Procedures manual.
3. The resident must utilize osteopathic therapeutics and principles on all dermatological cases that warrant these modalities or techniques.
4. The resident must maintain a thorough log which documents supervised procedures, such as excisions, cryotherapy, laser therapy, injectable implants, intralesional therapy, sclerotherapy, electrocautery, hair transplants, PUVA, dermabrasion, chemical peels, and other dermatological, cosmetic and surgical procedures. The utilization of osteopathic therapeutics, management of uncommon and difficult cases, (e.g., bullous disease, collagen diseases, exfoliative disorders), and cases requiring more aggressive therapy or special modalities, (e.g., methotrexate, isotretinoin, phototherapy and photopheresis), must also be documented.
5. The resident must participate in assigned lecture programs with attending staff, residents, intern and externs.
6. The resident must review articles for journal club on a monthly basis.
7. The resident must complete weekly reading assignments from standardized texts in general dermatology, dermatologic surgery or dermatopathology.
8. The resident must participate in the annual in-training examination with successful completion to the approval of the Education Evaluation Committee.
9. The resident must attend the annual AOCD meeting—for the educational component and support of fellow residents.
10. The resident shall perform a minimum combination of fifteen (15) inpatient hospital and or nursing home consultations each year of their residency for a total of forty-five (45) in a three (3) year period. These must be performed under supervision individually and not as a group.

ARTICLE VIII – EVALUATION

A. Evaluation of residents:

1. Copies of resident's annual reports must be electronically submitted to the AOCD.
2. The evaluation of performance of each resident must be submitted to the AOCD office within 30 days of the completion of each training year. Program Director's Reports shall be reviewed annually by the AOCD Education Evaluating Committee.
3. Program directors must complete resident evaluations semi-annually, submit the documentation to the Director of Medical Education, and send copies to the AOCD.
4. Residency remediation:
 - a. Residents must be given a written warning of their deficiencies. Residents must be asked to follow an individualized plan for remediation if they are not making satisfactory progress in the program, if they are deficient in any of the Core Competencies of the Osteopathic Profession, or if the program director identifies other concerns.
 - b. The written remediation plan must be developed by the program director, the resident and the GME department of the hospital that employs the resident.
 - c. A copy of this plan, areas of deficiency, and assessment of progress towards remediation shall be placed in the resident's file.

B. Evaluations of faculty:

1. The evaluation of faculty participation in teaching must be noted in the resident's annual report and must be reviewed annually by the AOCD Education Evaluating Committee.
2. Program director participation at the annual or fall meeting of the American Osteopathic College of Dermatology shall be noted during every residency program inspection

C. Evaluation of Program:

1. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing utilizing the AOCD annual resident's report and AOCD annual program director's evaluation of resident report at least annually. The Education Evaluating committee of the AOCD will receive and review the results. The hospital based DME or the academic OPTI officer must use the results of residents' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the hospital based DME, or the academic OPTI officer will notify the program director and AOCD of the results. The program together with the hospital based DME or the academic OPTI officer, must prepare a written plan of action to document initiatives to improve performance in the areas listed. The action plan must be reviewed and approved by the teaching faculty and documented in meeting minutes.