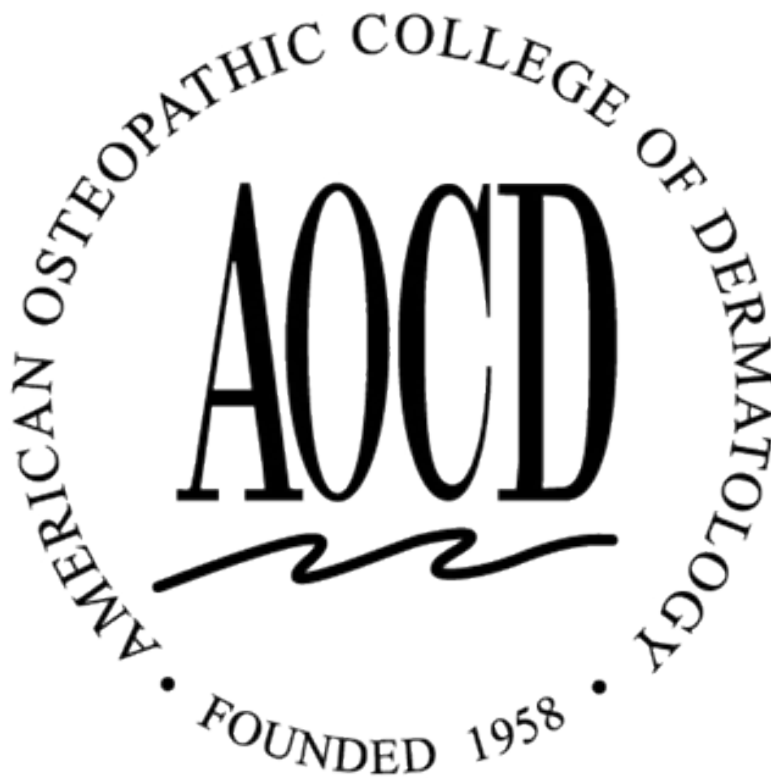


Resident Second Year Packet



American Osteopathic College of Dermatology

P.O. Box 7525
Kirksville, MO 63501
(660) 665-2184 (800) 449-2623
(660) 627-2623 (fax)
<http://www.aocd.org>



American Osteopathic College of Dermatology

P.O. Box 7525 • Kirksville, MO 63501 • Office: (660) 665-2184 • (800) 449-2623 • Fax: (660) 627-2623 • www.aocd.org

RECEIPT OF RESIDENT INFORMATION PACKET

I have received a copy of the American Osteopathic College of Dermatology's Resident Information Packet, and I understand that I am responsible for reading and learning the policies and practices described in it. I understand that this handbook replaces all prior handbooks and policies of the AOCD, with respect to matters addressed.

I also understand that the policies contained in this packet may be added to, deleted, or changed by the AOCD at any time.

If I have questions regarding the content or interpretation of this packet, I will bring them to the attention of the AOCD.

Resident Signature: _____

Name (please print): _____

Date: _____

BASIC STANDARDS FOR RESIDENCY TRAINING IN DERMATOLOGY
REVISED BOT 10/2014, EFFECTIVE 7/2015

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 include dermatopathology, therapeutic radiology and phototherapy, and medical.
 - 3. There must be scope and volume of adult and pediatric patients to gain medical, pediatric, surgical, and dermatopathology education and experience.
- 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 ensure 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-on-one settings, book and journal reviews, and attendance at local, regional, and national meetings.
- O. The program must provide a resident clinic from which inpatient consultations are drawn.

ARTICLE VII – RESIDENT REQUIREMENTS

- A.
 - 1. Applicants for residency training in dermatology must have completed an AOA approved internship or an appropriate OGME-1 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 residents' 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 DME, 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, and 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. Evaluation 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 AOCD 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 director, 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.

Attendance for all residents is mandatory to attend the educational components of the Spring Meeting of the AOCD and encourage attendance at the Fall Meeting, with the Fall Meeting attendance being optional.

THE AOA BASIC DOCUMENTS FOR POSTDOCTORAL TRAINING

SECTION V: PROGRAM REQUIREMENTS

F. General Residency Program Requirements:

This section of the *AOA Basic Document* provides guidelines for residency training programs in osteopathic specialties. (See also Sec. IV: Institutional Requirements.) Only those policies specific to resident training are included in this section, and this section should be read in conjunction with the specialty standards.

5.2 Residents must have successfully completed COMLEX USA-3 prior to entry into the OGME-3 year.

- a. The training program shall not issue an OGME-3 contract or allow the trainee to continue training until COMLEX USA-3 is passed. Specialty affiliates shall not grant training complete status until the trainee completes COMLEX USA-3 and all subsequent requirements of the necessary training years.
- b. All programs must provide a written report to their OPTI administration indicating the names of all OGME-2 trainees who have not passed COMLEX USA-3 through either failure or non-participation by May 1 of each year.
- c. All OGME-3 contracts issued to OGME-2 trainees prior to the start date of the OGME-3 contract year must contain language “contingent on passing COMLEX USA-3.”
- d. Trainees who enter OGME-3 without meeting this requirement shall not receive credit for any time served between onset of the year and documented date of passing COMLEX USA 3. In addition, programs must indicate in TIVRA the extension of the anticipated completion date.

5.4 Elements of Residency Training Programs shall include the following:

- a. Residency shall lead to AOA board certification eligibility in accordance with specialty standards.
- g. Residency programs shall budget funds and time to permit residents to attend educational meetings **as required by the specialty college.**

5.8 Resident Responsibilities shall include the following:

- a. A trainee must complete the current level of OGME training in order to advance to the next training level.
- b. The resident must actively participate in the education and training of students and other trainees at a level commensurate with required skills.
- c. The resident shall pursue exclusively the agreed-upon program of training.
- d. The resident must abide by the laws, rules, and regulations of the professional staff, the terms of the hospital contract, and other guidelines established by the hospital.
- e. The resident shall attend specified staff meetings as required by the specialty college.
- f. The resident must maintain a satisfactory record of work performed as required by the specialty college.
 - i. Records of procedures performed or other 26 documents as specified by the specialty college must be maintained by the resident and kept in the trainee’s file as a permanent part of the record.
 - ii. These logs and the associated patient charts shall be subject to review during on-site reviews.
- g. Reports shall be submitted as required to the program director for review and verification.
 - i. Copies of these records shall be filed with the hospital medical education administration and be available at the time of inspection.
- h. Residents shall meet all specialty college requirements, including annual reports, in-service examinations, research requirements, etc.

SECTION VII. TRAINEE (INTERN/RESIDENT/FELLOW) REQUIREMENTS

AOA Basic Documents for Postdoctoral Training

A. Trainee Appointment Agreements

- 7.1 The base institution shall ensure that trainees are provided with a fully executed annually renewable contract.
- If referenced, the full explanation of the below mentioned items shall be noted in the house staff manual and documented as supplied to each intern/resident.
 - Contract shall specify the training program the resident is entering. The contract shall designate the specialty residency program or internship program.
- 7.2 The contract shall outline the terms and conditions of their appointment.
- Intern/resident/fellow responsibilities;
 - Duration of appointment (annual);
 - Financial support;
 - Conditions under which living quarters, meals, laundry are provided;
 - Conditions for reappointment and promotion;
 - Mutual release clause;
 - Grievance and due process procedures;
 - Professional liability insurance;
 - Liability coverage for claims filed after program completion;
 - Insurance benefits;
 - Leave of absence policy;
 - Sick leave policy;
 - Policy on effects of leaves on satisfying criteria for program completion;
 - Duty hour policies and procedures;
 - Policy on moonlighting;
 - Policy on other professional activities outside the program;
 - Counseling, medical, psychological support services;
 - Policy on physician impairment and substance abuse;
 - Policy on sexual harassment;
 - Policy on closure of hospital/training programs or reduction in approved trainee positions.
- 7.3 A written statement of benefits must be attached to the contract and a copy provided to the trainee.
- 7.4 The fully executed contract shall be maintained in the individual trainee file.
- 7.5 Institutional human resource policies may be applicable to trainees at the discretion of the training institution.
- 7.6 The institution shall not require a trainee to sign a non-competition guarantee.

B. Trainee Financial Support and Benefits of Appointment

- 7.1 Training institutions shall provide all trainees with financial support and benefits to achieve required educational objectives.
- 7.2 AOA credit may be granted to osteopathic graduates in approved, but non-salaried, residency positions, provided that the residency program contracts to provide the same benefits (including professional liability insurance) to residents in salaried positions at no costs to such resident(s).

- 7.3 Candidates for AOA approved programs shall be informed in writing of the terms, conditions and benefits of their appointment, to include salary and other benefits (e.g. medical benefits, life and disability insurance, professional liability, vacation, sick, leaves of absence and academic).
- a. These benefits must comply with state, federal and local laws.
 - b. Benefits such as moving expenses, living quarters, meals or laundry must also be addressed.
- 7.4 The base institution must ensure that trainees are provided with professional liability coverage for the duration of their training.
- a. Such coverage shall include protection against awards from claims reported or filed after completion of training and only applicable to actions occurring within the assigned scope of responsibilities for the approved program.

C. Leaves of Absence and Vacation

- 7.1 The institution must publish its leave policy in the house staff manual.
- a. The AOA Division of Postdoctoral Training/Trainee Services must be notified in writing of the training extension, with copies to the OPTI and specialty college. A copy must be maintained in the trainee's file.
 - b. All AOA-approved programs must offer a minimum of 10 business days (Monday through Friday) per contract year of vacation time and provide a maximum of 20 business days (Monday through Friday) per contract year of vacation, professional, sick or other leave as granted by the DME, unless such leave is designated by federal, state, training institution or union regulations. Required educational programs, OPTI programs, or specialty college programs will not be counted against those days.
 - i. In such cases, federal, state, institution and/or union regulations shall supersede these policies for each contract year of training.
 - c. No more than 20 business days per contract year of leave may be granted for any purpose without extending the program.
 - d. If trainee is given a leave of absence for reasons of maternity, physical or mental disabilities and returns to duty, he/she may continue the training to completion.

H. Moonlighting Policy for Trainees

- 7.1 Any professional clinical activity (moonlighting) performed outside of an official residency/fellowship program will only be conducted with the permission of the program administration (DME/program director) and must not interfere with the resident's/fellow's didactic or clinical performance.
- a. A written request by the resident/fellow must be approved or disapproved by the program director and DME and be filed in the institution's trainee file.
 - b. This policy must be published in the institution's house staff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's/fellow's contract.
- 7.2 If moonlighting is permitted, hours shall be inclusive all duty hour requirements work limit and must be reported and monitored by the MEC.
- 7.3 OGME-1 trainees shall be prohibited from moonlighting.

J. Trainee Licensure Requirements

- 7.1 All trainees must have an appropriate training license consistent with state and local requirements.
- a. The respective training site shall have the responsibility to ensure appropriate licensure of interns/residents/fellows.

K. Trainee Ethics and Integrity Policy

The AOA has implemented a Code of Ethics that is designed to address the osteopathic physician's ethical and professional responsibilities to patients, society, the AOA, to others involved in health care, and to self. The Code of Ethics can be found at the AOA website.

7.1 All trainees must practice ethical behavior and abide by specific codes of conduct as defined by the training institution in its house staff manual.

SECTION VIII. EVALUATION

AOA Basic Documents for Postdoctoral Training

G. Evaluation of Trainees

- 8.1 All components of a trainee's program must be evaluated. This evaluation must be related to the educational objectives of the program and shall include clinical experiences, intellectual abilities and skills, attitudes and interpersonal relationships and progress in core competency achievement.
- 8.2 At the completion of each rotation the appropriate faculty member shall evaluate the trainee. This evaluation shall be signed by the assigned faculty member and the trainee; reviewed by the DME/program director, and maintained on file in the medical education office.
- 8.3 The DME and the education committee shall verify the satisfactory performance of every resident semiannually to ensure that educational objectives are being met.
- 8.4 The program director shall review trainee performance semiannually with each resident unless required more frequently by the specialty affiliate. This must be documented in writing with performance assessment, recommendations, and acknowledgement by signature of trainee.



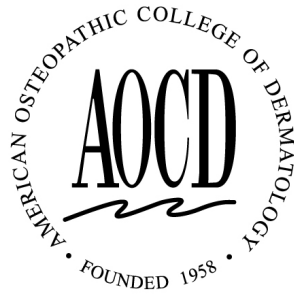
AOCD Paper, Poster & Presentation Requirements

Per Article VII, B.2. of the Basic Standards for Residency Training in Dermatology, effective July 1, 2015:

Residents must fulfill all educational requirements for papers, posters and AOCD lectures as published in the AOCD educational policies and procedures manual.

These requirements are as follows:

- During the residency program, the resident must submit an annual report of their training to the AOCD 30 days after the end of each training year.
- Prepare one (1) manuscript or paper during each year of training, under the direction of the program director, which is suitable for publication in medical journals and is based on assigned topics which incorporate basic and clinical sciences.
- During the residency, at least once in the 3 year time frame, the resident must submit an abstract at the annual meeting of the AAD to the "Gross & Microscopic Symposium". Proof of an abstract's submission shall be provided along with the resident's annual reports.
- During the resident's second year of training, the resident must submit a poster at the Annual AOCD Spring Meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be referenced.
- Each resident must participate in the preparation of a 15 minute residency program presentation based on an assigned topic. Residents in all training years must contribute to the project. The presentation should include facts, treatment with the most current literature. A senior resident or group of senior residents from the program will present the information at the AOCD Spring Meeting each year.



American Osteopathic College of Dermatology

AOCD Privacy Policy

The AOCD respects members' privacy. We will never sell members' personal information, including addresses, telephone numbers, and email addresses. The College e-mail blast is primarily to be used for official business. Organizations seeking to obtain a membership list to inform members of an upcoming event/meeting/educational opportunity should be given the option to reach the membership by placing an ad in DermLine and should be referred to the Editor, who will provide the individual with the latest issue of DermLine as well as ad specification and rate information. Any exceptions to this policy may be authorized by the Executive Director, President, or Secretary/Treasurer.

Equal Opportunity Policy

The American Osteopathic College of Dermatology, an affiliate of the American Osteopathic Association, is a growing organization dedicated to promoting the practice of dermatology on a national level. The AOCD is the organization responsible for Residencies and Continuing Medical Education nationwide. We are committed to providing up-to-date information and instruction for our members. It is the policy of the AOCD to provide equal employment opportunities and equal membership opportunities to all individuals without regard to race, color, religion, national origin, sex, marital status, age, physical or mental disability or any other protected status.

Social Media Policy

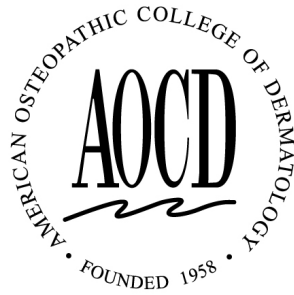
AOCD Members who participate in Social networking sites are encouraged to act responsibly in their communication and regularly track their on-line presence. Members should protect confidential information, the privacy of patients, colleagues, and copyright and fair use laws.

AOCD Members are encouraged to review and follow the American Medical Association's Policy on ***"Professionalism in the Use of Social Media"*** which was adopted for use November 2010.

Trademark Policy Use

Fellow Members in good standing with the AOCD who wish to display the AOCD logo on their practice webpage shall sign and follow the Trademark Agreement drafted by the AOCD along with Joshua Prober, JD of the American Osteopathic Association.

Upon termination of membership in the AOCD, whether such termination is voluntary or by action of the AOCD Board of Trustees, Member shall cease and desist from all further use of the Marks.



American Osteopathic College of Dermatology

Whistleblower Policy

This Whistleblower Policy of the American Osteopathic College of Dermatology (AOCD) encourages staff and volunteers to come forward with credible information on illegal practices or serious violations of adopted policies of the College; specifies that the College will protect the person from retaliation; and identifies where such information can be reported.

1. Encouragement of Reporting

The College encourages complaints, reports, or inquiries about illegal practices or serious violations of the College's policies, including illegal or improper conduct by the College itself, by its leadership, staff, or by others on the College's behalf. Appropriate subjects to raise under this policy would include financial improprieties, accounting, or audit matters, ethical violations, or other similar illegal or improper practices or policies.

2. Protection from Retaliation

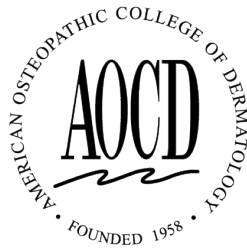
The College prohibits retaliation by or on behalf of the College against staff or volunteers for making good faith complaints, reports, or inquiries under this policy or for participating in a review or investigation under this policy. This protection extends to those who allegations are made in good faith, but prove to be mistaken. The College reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports, or inquiries or who otherwise abuse this policy.

3. Where to Report

Complaints, reports, or inquiries may be made under this policy on a confidential or anonymous basis. They should describe in detail the specific facts demonstrating the bases for the complaints, reports, or inquiries. They should be directed to the College's executive director or president; if both of those persons are implicated in the complaint, report, or inquiry, it should be directed to the vice president/treasurer. The College will conduct a prompt, discreet, and objective review or investigation. Staff or volunteers must recognize that the College may be unable to fully evaluate a vague or general complaint, report, or inquiry that is made anonymously.

Basic Instructions for Annual Reports

- Resident Annual Reports – Required annually.
- Reports missing signatures or not legible, will be returned to the resident.
- Effective January 1, 2014, all resident annual reports MUST be typed. Handwritten reports will not be accepted and will be returned to the resident, which could result in the annual report being late. Visit the AOCD's document library on aocd.org to download the most current versions of the report forms, which can be filled out, printed, and saved using Adobe Acrobat Reader.
- Segregated totals (diagnosis and procedure logs) and inpatient consultation forms should be entered and submitted electronically using the Excel templates found on aocd.org. The completed sheets should be emailed in Excel format to jgrogan@aocd.org. If these guidelines are not followed, the forms will be returned to the resident.
- Program Directors should go over all reports with the resident before the report is sent to the AOCD.
- Resident Annual Evaluation form (see Resident's Annual Report pages 18-20)
 - Residents should fill this form out and send directly to the AOCD. This is a confidential evaluation of your program director and program. This report will only be viewed by the Education Evaluation Committee and not the program. If the resident's program director is a member of the EEC, that program Director will be excused from viewing that particular report(s) from the residents within his/her program. The resident should feel free to express his or her concerns regarding the training program without any fear of retaliation. (Please refer to the AOCD Whistle-blower Policy contained in this packet.)
- Annual reports are due within 30 days after the end of the resident's training year.
- All items must be submitted before any annual report will be declared complete by the EEC.



American Osteopathic College of Dermatology Annual Resident Report

INSTRUCTIONS:

One copy of this report with supporting documentation is to be mailed to the American Osteopathic College of Dermatology (AOCD), P.O. Box 7525, Kirksville, MO 63501 within thirty (30) days of completion of the contract year. Failure to meet the deadline for submission may result in delayed evaluation by the specialty college. Retain a copy for your records.

Resident Checklist

- Resident's Annual Report
 - Dermatology Residency Log
 - Patient Log
 - Consultation Log
 - Segregated Totals
 - Resident's Evaluation of Service
- Resident's Annual Paper & Documentation
 - Paper
 - 2 Questions with Answers and References
 - Proof of Submission for Publication

Program Director Checklist

- Program Director's Annual Report
 - Medical Knowledge and Skills
 - Personal Qualities
- Core Competency Report
 - Osteopathic Philosophy & Osteopathic Manipulative Medicine
 - Medical Knowledge
 - Patient-Care
 - Interpersonal and Communication Skills
 - Professionalism
 - Practice-Based Learning Improvements
 - Systems-Based Practice Competencies
 - Trainee Assessment
 - *Program Complete Summary – For Graduating Residents Only

Do not return this form to the AOCD. Retain for your records.

**American Osteopathic College of Dermatology
Annual Resident Report**

Today's Date: _____

Resident: _____ AOA# _____

OGME Status: _____ Training Contract Year Start: _____ End: _____

Mailing Address: _____

E-Mail Address: _____

Title of Scientific Paper(s): _____

Submitted to: _____

Date of Submission: _____ I have attached my proof of submission Yes No

Program Director: _____

Training Institution: _____

_____ I certify that I have completed all documents required of me and that the
information is correct and accurate.

_____ I certify that my program director and I have reviewed all evaluations and I have
been given the opportunity to respond.

Resident (Please Print): _____

Signature of Resident: _____ Date: _____

I certify that I have reviewed and approved the Annual Reports submitted by the above named resident.

Program Director (Please Print): _____

Program Director Signature: _____ Date: _____

I certify that I have reviewed and approved the Annual Reports submitted by the above named resident and program director.

D.M.E. (Please Print): _____

D.M.E. Signature: _____ Date: _____

Reports will be returned to the resident if signatures are missing or not legible.

(Please fill one sheet out on every outside rotation completed)

Hospital/Office _____

1. Did you have significant patient-care responsibilities?
2. Were your work and knowledge evaluated and discussed?
3. Was there opportunity/or ambulatory experience?
4. Did you have time for reading, teaching, and paperwork?

General Evaluation of Rotation Experience (overall rating)

Excellent Good Fair Poor

General Comments (Trainers, lectures, service):

[illegible]

DERMATOLOGY RESIDENCY LOG

Resident's Name: _____

Current Date: _____

Training Year	1st	2nd	3rd
---------------	-----	-----	-----

Courses, Conferences, Meetings, Lectures Attended:

Date:	Location:	Topic:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Papers Prepared for Publication and/or Presentation:

Date:	Location Presented or Publication:	Topic:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lectures Presented:

Date:

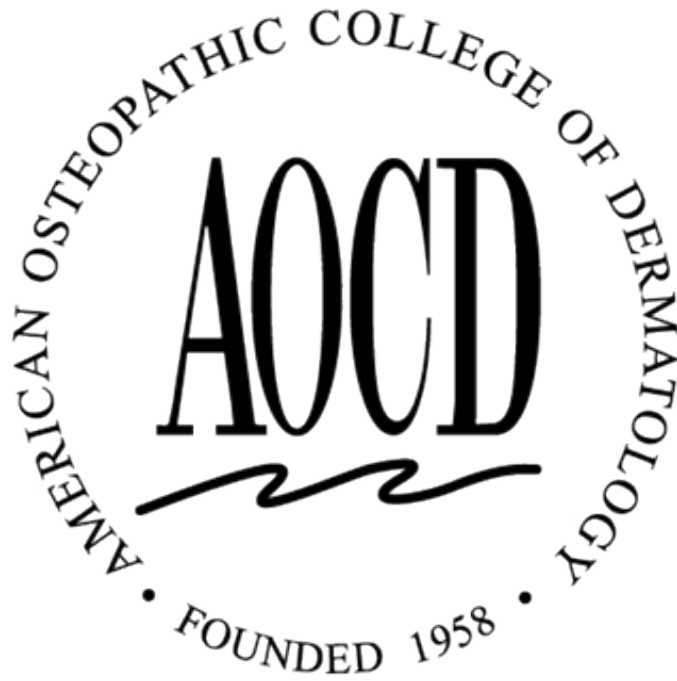
Location:

Topic:

[illegible]

Additional:

[illegible]



Please use the links below to download the diagnosis and procedure logs and in-patient consultation log.

[Diagnosis & Procedure Log](#)

[In-Patient Consultation Log](#)

Upon completion of the logs at the end of your training year, please submit them electronically in Excel form to jgrogan@aocd.org.

Name: _____

Diagnosis	Number
Abscess	_____
Acanthosis nigricans	_____
Accessory nipple	_____
Accessory tragus	_____
Acne vulgaris	_____
Acrocordon (skin tag)	_____
Actinic cheilitis	_____
Actinic keratosis	_____
Actinic purpura	_____
Albinism	_____
Alkaptonuria	_____
Alopecia areata	_____
Alopecia, androgenetic	_____
Alopecia, unspecified	_____
Amyloidosis	_____
Angioedema	_____
Angioma, cavernous	_____
Angioma, port wine stain	_____
Angioma, spider	_____
Angioma, strawberry	_____
Angioma, unspecified	_____
Angular cheilitis	_____
Aphthous ulcer	_____
Arthropod bite	_____
Atrophy, unspecified	_____
Balanitis	_____
Basal Cell Carcinoma	_____
Becker's nevus	_____
Benign neoplasm, adenexal	_____
Benign neoplasm, epidermal	_____
Benign neoplasm, soft tissue	_____
Bowen's disease	_____
Branchial cleft sinus	_____
Bullous dermatosis, unspecified	_____
Bullous pemphigoid	_____
Burn, sunburn	_____
Burn, unspecified	_____
Café au lait spot	_____
Calcinosis cutis	_____
Callus/clavus/corn	_____
Candida of skin, mucosa, nails	_____
Canities	_____
Carbuncle/furuncle	_____
Cellulitis	_____
Chalazion	_____

Chancroid	_____
Chondrodermatitis nodularis helices	_____
Collagen disease, unspecified	_____
Colloid milium	_____
Congenital anomaly, unspecified	_____
Congenital ectodermal dysplasia	_____
Conjunctivitis	_____
Cutaneous horn	_____
Cutaneous larva migrans	_____
Cutis laxa	_____
Cyanosis	_____
Cyst, Bartholin's gland	_____
Cyst, epidermal	_____
Cyst, ganglion	_____
Cyst, pilar	_____
Cyst, pilonidal	_____
Darier's disease	_____
Dehiscence	_____
Dermatitis, allergic contact	_____
Dermatitis, atopic	_____
Dermatitis, diaper	_____
Dermatitis, dyshidrotic	_____
Dermatitis, exfoliative	_____
Dermatitis, eyelid	_____
Dermatitis, factitial	_____
Dermatitis herpetiformis	_____
Dermatitis, irritant contact	_____
Dermatitis, nummular	_____
Dermatitis, plant	_____
Dermatitis, radiation	_____
Dermatitis, seborrheic	_____
Dermatitis, stasis	_____
Dermatitis, xerotic	_____
Dermatitis, unspecified	_____
Dermatographism	_____
Dermatomyositis	_____
Dermatosis papulosa nigra	_____
Drug eruption	_____
Dysplastic nevus syndrome	_____
Ecchymosis, unspecified	_____
Ecthyma	_____
Eczema herpeticum	_____
Eczema, unspecified	_____
Ehlers-Danlos syndrome	_____
Elastosis perforans serpiginosa	_____
Elastosis, solar	_____
Epidermolysis bullosa	_____

Erysipelas	_____
Erythema annulare centrifugum	_____
Erythema chron. migrans (Lyme d.)	_____
Erythema infectiosum (5 th disease)	_____
Erythema multiforme	_____
Erythema nodosum	_____
Erythrasma	_____
Erythroderma, unspecified	_____
Erythromelalgia	_____
Flushing	_____
Folliculitis	_____
Folliculitis decalvans	_____
Foreign body, superficial	_____
Foreign body granuloma	_____
Fox-Fordyce disease	_____
Frostbite	_____
Furunculosis	_____
Geographic tongue	_____
Glossitis, unspecified	_____
Gout	_____
Graft vs. host reaction	_____
Granulation tissue, excessive	_____
Granuloma annulare	_____
Granuloma fissuratum	_____
Granuloma, infectious, unspecified	_____
Granuloma, suture	_____
Hailey-Hailey disease	_____
Hair shaft anomalies	_____
Hand-foot-mouth disease	_____
Hematoma	_____
Hemorrhoids	_____
Hereditary hemorrhagic telangiect.	_____
Herpes progenitalis	_____
Herpes simplex	_____
Herpes simplex, whitlow	_____
Herpes zoster	_____
Herpes zoster neuralgia	_____
Hidradenitis suppurativa	_____
Hirsutism/hypertrichosis	_____
Hordeolum (sty)	_____
Hyperhidrosis	_____
Hyper/hypopigmentation, unspec.	_____
Hypertrophic scar	_____
Ichthyosis, unspecified	_____
Impetigo	_____
Intertrigo	_____
Jaundice, unspecified	_____

Kaposi's sarcoma	
Keloid	
Keratoacanthoma	
Keratoaderma palmaris et plantaris	
Keratosis pilaris	
Laceration/injury	
Lentigo	
Lentigo maligna	
Leukoplaki, oral	
Lichen nitidus	
Lichen planus/planopilaris	
Lichen sclerosis et atrophicus	
Lichen simplex chronicus	
Lichen spinulosus	
Lichen striatus	
Lipoma	
Livedo reticularis	
Lupus erythematosus, discoid	
Lupus erythematosus, systemic	
Lupus miliaris disseminatus faciei	
Lymphadenopathy	
Lymphangitis	
Lymphomatoid papulosis	
Majocchi's granuloma	
Malignant melanoma	
Malignant neoplasm, soft tissue	
Mastocytoma	
Metastasis, cutaneous	
Miliaria, unspecified	
Milium	
Molluscum contagiosum	
Morphea	
Mycosis, unspecified	
Mycosis fungoides	
Nail biting	
Nail disease, brittle nails	
Nail disease, discoloration	
Nail disease, dystrophy	
Nail disease, ingrown	
Nail disease, onycholysis	
Nail disease, onychomycosis	
Nail disease, onychoschizia	
Necrobiosis lipoidica	
Neuralgia	
Neurofibromatosis	
Neuroic excoriations	
Nevus	

Nevus comedonicus	_____
Orf	_____
Otitis externa	_____
Paget's disease, breast/areola	_____
Panniculitis	_____
Parapaoriasis, unspecified	_____
Parasitic infestation, unspecified	_____
Paronychia	_____
Pediculosis capitis	_____
Pediculosis corporis	_____
Pediculosis pubis	_____
Pemphigus, unspecified	_____
Perioral dermatitis	_____
Peutz-Jeghers syndrome	_____
Phlebitis/thrombophlebitis	_____
Photoaging	_____
Photodermatitis, unspecified	_____
Phytophotodermatitis	_____
Pigmented purpura	_____
Pityriasis alba	_____
Pityriasis rosea	_____
Pityriasis rubra pilaris	_____
PLEVA	_____
Poikiloderma of Civatte	_____
Polydactyly of fingers/toes	_____
Porokeratosis, unspecified	_____
Porphyria, unspecified	_____
Prurigo nodularis	_____
Pruritis ani	_____
Pruritis scroti/vulvae	_____
Pruritis, unspecified	_____
Pseudoxanthoma elasticum	_____
Psoriasis	_____
PUPPP	_____
Pyoderma gangrenosum	_____
Pyogenic granuloma	_____
Rash/skin eruption, unspecified	_____
Raynaud's syndrome	_____
Rosacea/rhinophyma	_____
Roseola (exanthema subitum)	_____
Rubella	_____
Sarcoidosis	_____
Scabies	_____
Scalded skin syndrome	_____
Scar (cicatrix)	_____
Scarlet fever	_____
Scleroderma/CREST syndrome	_____

Sebacous hyperplasia	_____
Seborrheic keratosis	_____
Sjogren's syndrome	_____
Sporotrichosis	_____
Sneddon-Wilkinson disease	_____
Squamous cell carcinoma	_____
Steatocystoma multiplex/simplex	_____
Striae distensae	_____
Stucco keratosis	_____
Sturge-Weber syndrome	_____
Sweet's syndrome	_____
Swimmer's itch	_____
Syphilis	_____
Tattoo	_____
Telangiectasia	_____
Telogen effluvium	_____
Tinea capitis	_____
Tinea corporis	_____
Tinea cruris	_____
Tinea mannum	_____
Tinea pedis	_____
Tinea versicolor	_____
Transient acantholytic dermatosis	_____
Trichomycosis axillaris	_____
Trichotillomania	_____
Tuberous sclerosis	_____
Ulcer, chronic, leg	_____
Ulcer, deubitus	_____
Ulcer, unspecified	_____
Urticaria, cholinergic	_____
Urticaria, cold/heat	_____
Urticaria, unspecified	_____
Urticaria pigmentosa	_____
Varicella	_____
Varicose veins	_____
Vasculitis	_____
Viral exantham, unspecified	_____
Vitiligo	_____
Wart, condyloma acuminatum	_____
Wart, planar (flat)	_____
Wart, plantar	_____
Wart, verruca vulgaris	_____
Wrinkling of skin	_____
Xanthelasma	_____
Xanthoma	_____
Xeroderma pigmentosum	_____
Xerosis	_____

Procedure	Number
Bleomycin for verruca	_____
Chemical peel	_____
Cryosurgery, benign & pre-cancerous	_____
Cryosurgery, carcinoma	_____
Curettement	_____
Cutaneous fillers, e.g. collagen	_____
Dermabrasion	_____
Electrodesiccation and curettage	_____
Excision with intermediate/complex repair	_____
Excision with flap closure	_____
Excision with graft closure	_____
Hair transplantation	_____
Laser therapy	_____
Liposuction	_____
Mohs surgery	_____
Nail bed biopsy	_____
Nail matrix excision/ablation	_____
Patch testing	_____
Punch biopsy	_____
PUVA phototherapy	_____
UVB phototherapy	_____
Radiation therapy	_____
Scalp reduction	_____
Sclerotherapy	_____
Shave biopsy	_____

Resident Name _____ Year of Training _____

Current Date _____ Program Name _____

No.	Resident Name	Patient Initials	Date	Diagnosis	Hospital/Nursing Home
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Use one sheet for each year in training

Resident Name _____ Year of Training _____

Current Date _____ Program Name _____

No.	Resident Name	Patient Initials	Date	Diagnosis	Hospital/Nursing Home
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Use one sheet for each year in training

Resident Name _____ Year of Training _____

Current Date _____ Program Name _____

No.	Resident Name	Patient Initials	Date	Diagnosis	Hospital/Nursing Home
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Use one sheet for each year in training

RESIDENT'S EVALUATION OF SERVICE (Informational Only)

Electives, etc.

Name _____ Date _____

I. Physicians	Excellent	Good	Fair	Poor
---------------	-----------	------	------	------

II. Instructional Organization (check one) Never Occasionally Usually Always N/A

1. Were teachings/rounds conducted on a regular basis?
2. Did you have significant patient-care responsibilities?
3. Were your work and knowledge evaluated and discussed?
4. Was there opportunity/or ambulatory experience?
5. Did you have time for reading, teaching, and paperwork?
6. Were lectures presented on a regular basis?

III. General Evaluation of Service (overall rating)	Excellent	Good	Fair	Poor
---	-----------	------	------	------

IV. General Comments (Trainers, lectures, service):

[illegible]

**AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
RESIDENT'S ANNUAL EVALUATION REPORT
OF THE PROGRAM DIRECTOR/PROGRAM FACULTY**

As part of the efforts to evaluate the quality of your residency training program, you are asked to complete this annual evaluation. This report is reviewed only by the Education Evaluation Committee of the AOCD and will be held in strict confidence.

Program Director:	
Resident:	
Specialty:	
OGME Status:	
Training Year:	

1=Unsatisfactory 2=Marginal 3=Satisfactory 4=Above Average 5=Superior

<i>The Program Director/Program Faculty as a Role Model</i>	1	2	3	4	5
1. Demonstrates how to manage a range of problems in the hospital and office					
2. Demonstrates good patient interviewing skills					
3. Demonstrates humanistic attitudes in relating to patients (compassion, respect, integrity)					
4. Displays technical skills pertaining to specialty area					
5. Displays knowledge about and use of current literature pertaining to patient problems					
6. Displays willingness and ability to work as a team with other health professionals					
7. Displays knowledge that is grounded in clinical experience					
8. Displays knowledge of psychosocial aspects of specialty area					
9. Shows commitment to continued personal learning and development					
10. Recognizes personal limitations and errors					
11. Shows application/knowledge of osteopathic principles and practices					

<i>The Program Director/Program Faculty as a Professional Mentor</i>	1	2	3	4	5
1. Is available for additional teaching when requested by resident					
2. Shows sensitivity to resident's feelings					
3. Is available, approachable, and receptive to resident					
4. Inspires confidence in resident to solve clinical problems					
5. Is enthusiastic about challenges of specialty area					
6. Coaches resident in affective (emotional) aspects of specialty area					

<i>The Program Director/Program Faculty as a Clinical Supervisor</i>	1	2	3	4	5
1. Effectively communicates his/her expectations of residents					
2. Promotes a cost-oriented approach to clinical problems					
3. Uses consultants in subspecialty areas judiciously					
4. Promotes good patient education by the resident					
5. Promotes keeping medical records in a way which is thorough, legible, efficient, and organized					
6. Promotes continuity of care					
7. Checks the validity of the resident's history and physical findings directly with the patient					
8. Adjusts amount of supervision to the level of competence of residents					
9. Reviews the adequacy of the patient management plan with resident					
10. Demonstrates responsible time management when staffing residents					

<i>The Program Director/Program Faculty as an Instructor</i>	1	2	3	4	5
1. Demonstrates enthusiasm for teaching in the clinical setting					
2. Engages willingly in didactic teaching when resident's responses indicate a need to do so					
3. Asks open-ended questions to explore ideas with residents (collegial teaching)					
4. Questions residents to encourage thinking in different directions					
5. Encourages residents to participate actively in diagnosis and management plan					
6. Clearly and logically explains underlying basis for opinions and advice					
7. Identifies and emphasizes important elements in case analysis					
8. Adjusts instructional approach to different levels of resident training					
9. Demonstrates a flexible, open-minded approach to alternative suggestions by the residents					
10. Uses relevant scientific literature or authoritative sources in support of clinical advice					

<i>The Program Director/Program Faculty as an Evaluator</i>	1	2	3	4	5
1. Questions residents to probe their knowledge and judgments					
2. Asks residents to justify statements if perceived as wrong by the attending physician					
3. Provides constructive criticism for inappropriate behavior					
4. Gives positive feedback for appropriate behavior					
5. Gives timely feedback to residents					

Curriculum	1	2	3	4	5
1. Supports the educational objectives/goals of the program					
2. Is the curriculum up-to-date with current guidelines					

Comments regarding curriculum: _____

Narrative Explanation

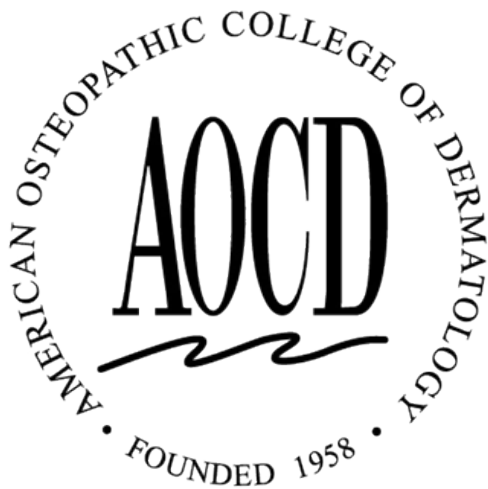
Please provide a written evaluation identifying the strengths and weaknesses of the program director and/or the training program. All comments will be held in strict confidence.

Resident

Date

AOCD EEC

Date



REVISED RESIDENT REQUIREMENTS EFFECTIVE FOR *NEW* RESIDENTS BEGINNING AFTER SEPTEMBER 2009

During the residency, **at least once in the 3 year time frame**, the resident must submit an abstract at the annual meeting of the American Academy of Dermatology. Proof of an abstract's submission shall be provided along with the resident's annual reports.

During the resident's **second year** of training, the resident must submit a poster at the Spring AOCD meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be appropriately referenced.

SCIENTIFIC RESEARCH PAPER REQUIREMENTS

Each resident is required to prepare an annual scientific paper under the direction of the program director, which is suitable for publication in medical journals during each year of training and is based on assigned topics which incorporate basic and clinical sciences and submit it along with their annual reports. The resident is required to be first author on the paper. The paper must be no less than five (5) pages in length. This paper will include two (2) questions related to the topic with the correct answers and references.

Documentation of submission for publication must be submitted to the AOCD along with each paper annually. Every resident paper submitted for publication must be reviewed, corrected and approved by the resident's program director prior to being submitted for consideration for publication.

A documentation submission form must be completed by the resident and the program director must sign off on the form to verify they have reviewed, corrected, and approved the annual paper.

Per Article VII, B.2. of the Basic Standards for Residency Training in Dermatology, effective July 1, 2015:

Residents must fulfill all educational requirements for papers, posters and AOCD lectures as published in the AOCD educational policies and procedures manual.

Publication Authorship Guidelines

Minimum number of pages required: Five (5). The resident is required to be the paper's first author.

Below is a list of the most common types of articles published in dermatology journals. General guidelines are herein provided. Most journals have their own specific requirements, which can be found on their respective websites. The most common types of publications include original articles / studies, case reports and series / observations, review articles, and correspondence.

All articles should be accompanied by an abstract, which should be structured as follows:

- Background: What prompted the study?
Objective: What is the purpose of the study?
Methods: How was the study done?
Results: What are the most important findings?
Limitations: What are the limitations of the study?
Conclusion: What is the single most important conclusion?

- 1. Reports of Studies.** Randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rates.

Manuscripts should contain the following sections:

- a. Objective / hypothesis
- b. Design and Methodology (the study's setting and time period, patients or participants with inclusion and exclusion criteria, or data sources and how these were selected)
- c. Interventions
- d. Outcome (the main results of the study)
- e. Discussion of the results in the context of the current literature
- f. Conclusion

Guidelines for RCT are presented in the CONSORT statement (<http://www.consort-statement.org/>). Similar guidelines for authors of epidemiologic studies are included in the STROBE statement (<http://www.strobe-statement.org/Checklist.html>).

- 2. Case Reports / Observations.** Short reports of original studies or evaluations of high didactic value. Clinical cases (individual or a series) that are unique because they report a finding that has not been previously published in the worldwide literature. The following sections should be included:

- a. Background (an overview of the topic and main objective for the report)
- b. Observations/Case (the principal observations, findings, or results)
- c. Conclusions (including clinical applications)

- 3. Reviews.** Systematic critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated; the selection process should be described in the article. Critical evaluation of articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes, with levels of evidence to support the grade of the recommendation. Meta-analyses are also considered as systematic reviews and need to include graded recommendations and levels of evidence. A structured abstract, using the format for a Study, is required.

- 4. Correspondence / Comments / Opinions**

This may include:

- a. responses to articles previously published in a journal
- b. Any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article.

Questions for Scientific Paper Requirement (2 required)

Five potential answers must be provided for each question (A-E)

Answers such as “**All of the above,**” “**None of the above,**” “**All except A & C,**” “**A, B & D,**” etc., are **NOT** acceptable answers.

Submitted by: _____ Date: _____

Question 1: _____

a. _____

b. _____

c. _____

d. _____

e. _____

Correct Answer: _____

Subject Matter: _____

Content of Question: _____ (knowledge/comprehension/application)

Reference: _____

Author(s): _____

Section: _____ Page(s): _____

Question 2: _____

a. _____

b. _____

c. _____

d. _____

e. _____

Correct Answer: _____

Subject Matter: _____

Content of Question: _____ (knowledge/comprehension/application)

Reference: _____

Author(s): _____

Section: _____ Page(s): _____

American Osteopathic College of Dermatology
Program Director's Annual Evaluation Report

Program Director:			
Name of Program:			
Training Institution:			
Mailing Address:			
City, State, Zip:			
Name of Resident:			
AOA#	Training Year:	1	2
		3	
Training Contract:	Start Date:	Contract End Date:	

Maintain a copy of this report in the resident's file. For any box checked deficient, the specifics of the deficiency must be detailed and a corrective action plan must be submitted as an addendum to this form.

A section for comments is provided on Page 6 of this document.

Competency 1: Osteopathic Philosophy Principles and Manipulative Treatment

This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.

Residents are expected to demonstrate and apply knowledge of accepted standards in OPP/OMT appropriate to Dermatology. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

Competency 2: Medical Knowledge and Its Application Into Osteopathic Medical Practice		
2.1	This resident demonstrated competency in the understanding and application of clinical medicine to osteopathic patient care.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
2.2	This resident must know and apply the foundations of clinical and behavioral medicine appropriate to Dermatology with application of all appropriate osteopathic correlations.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
2.3	This resident demonstrated a desire to continually improve his/her medical knowledge and that of others.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Competency 3: Osteopathic Patient Care		
3.1	This resident gathered accurate, essential information from all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, diagnostic/therapeutic plans, and treatments.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

3.2	This resident validated competency in the performance of diagnosis, osteopathic, and other treatment and procedures appropriate to Dermatology.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
3.3	This resident provided Dermatology services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice

4.1	This resident demonstrated effectiveness in developing appropriate doctor-patient relationships.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
4.2	This resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families, and other health professionals.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
4.3	This resident demonstrated an awareness of psychosocial issues and incorporates health promotion into clinical practice.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Competency 5: Professionalism in Osteopathic Medical Practice

5.1	This resident demonstrated respect for his/her patients and families and advocated for the privacy of his/her patients' welfare and autonomy.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
5.2	This resident adhered to ethical principles in the practice of osteopathic medicine.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
5.3	This resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
5.4	This resident demonstrated awareness of one's own mental and physical health.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

5.5	This resident demonstrates sound judgment in assessing the risks from therapy and the diagnosis of the patient and understands the legal and ethical principles associated with his/her actions.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
5.6	This resident understands the necessity of participating in community and professional organizations and how it relates to his/her development as a physician.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
5.7	This resident understands the importance of participating in continuing education and understands the importance of his/her professional and personal growth.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Competency 6: Osteopathic Medical Practice-Based Learning and Improvement		
6.1	This resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
6.2	This resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
6.3	This resident understood research methods, medical informatics, and the application of technology as applied to medicine.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Competency 7: System-Based Osteopathic Medical Practice		
7.1	This resident understands national and local health care delivery systems and medical societies and how they affect patient care, professional practice, and relate to advocacy.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
7.2	This resident advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional
7.3	This resident demonstrated and integrated Osteopathic Principles and Practices into all clinical and patient care activities.	Deficient Usually meets Competencies Consistently meets Competencies Exceptional

Demonstrated OPP Competencies which may include but not be limited to the following:

1	Performing critical appraisals of medical literature related to OMT and/or OPP.	Yes	No
2	Completing OMT and/or OPP computer-based educational modules.	Yes	No
3	Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.	Yes	No
4	Participating in OMT and/or OPP training at hospital and ambulatory sites.	Yes	No
5	Performing critical appraisals of medical literature related to OMT and/or OPP.	Yes	No
6	Demonstrating understanding of somato-visceral relationships and the role of the musculoskeletal system in disease.	Yes	No
7	Performing of OMT through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.	Yes	No
8	Participating in AOA Clinical Assessment Program.	Yes	No
9	Performing a critical appraisal of medical literature related to OMT and/or OPP.	Yes	No
10	Meeting performance standards of OPP through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.	Yes	No
11	Participating in activities that provided osteopathic educational programs at the student and intern levels, including osteopathic correlations.	Yes	No
12	Demonstrating knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics.	Yes	No
13	Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.	Yes	No
14	Demonstrating the treatment of people rather than symptoms.	Yes	No
15	Demonstrating listening skills in interaction with patients.	Yes	No
16	Utilizing caring, compassionate behavior and touch with patients.	Yes	No

This resident has been assessed with at least two evaluation tools for each required element of each of the enumerated competencies. Yes No

Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance.

360-Degree Evaluation Instruments

Chart Stimulated Recall Oral examinations (CSR)

Monthly Service Rotation Evaluations

Portfolio

Written Examinations (i.e., in-training exam)

Direct Observation

Other: _____

If any of the answers to the following questions are “**No**”, please provide an explanatory statement at the end of this form or on an additional sheet.

1. Have you reviewed and approved the resident’s research assignment (e.g., scientific paper, etc.)?
Yes No N/A
2. Did the resident participate in the annual resident in-service examination as required by the specialty college?
Yes No N/A
3. Did you review the results of the in-service exam with the resident?
Yes No N/A
4. Have you reviewed the results of the COMLEX III with the resident and confirmed a passing score was achieved before the resident entered the third year of training?
Yes No N/A
5. Has the resident met the requirement for the management of a panel of patients followed throughout the year in an ambulatory continuity setting?
Yes No N/A _____ # in panel?
6. Has the resident completed a resident clinical skills evaluation in a satisfactory manner during this training year as required?
Yes No N/A
7. Has the resident completed all other specialty specific requirements for this year?
Yes No N/A
8. This resident has made satisfactory progress in this training program and is capable to proceed to the next year.
Yes No N/A

This confirms that this resident has completed this year of training.

Yes No N/A

Program Director Signature

Date

Printed Name of Program Director

The following signature verifies that the resident has had the opportunity to review this report.

Resident Signature

Date

Printed Name of Resident

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STOP here if the resident is NOT graduating at this time.

PROGRAM “COMPLETE” SUMMARY – FINAL RESIDENT* ASSESSMENT FOR DERMATOLOGY

“Program Complete Summary Final Resident Assessment” form must be submitted for all residents who are completing training.

Maintain a copy of this form in the resident’s file and forward a copy to the OPTI.

This resident has been assessed with at least two evaluation tools for each required element of each of the enumerated competencies. Yes No

A document portfolio of this resident’s “best performance” evaluations for each competency is attached to this report.
Yes No

Please mark a summary assessment for each competency at Residency Program Completion.				
	Deficient	Usually Meets Competencies	Consistently Meets Competencies	Exceptional
Osteopathic philosophy, principles and manipulative treatment				
Medical knowledge and its application to osteopathic medical practice				
Osteopathic patient care				
Interpersonal and communication skills in osteopathic medical practice				
Professionalism in osteopathic medical practice				
Osteopathic medical practice-based learning and improvement				
Systems-based osteopathic medical practice				

I HEREBY ATTEST THAT THE GRADUATING RESIDENT HAS SUCCESSFULLY COMPLETED ALL THE REQUIREMENTS OF THE TRAINING PROGRAM, AND IS RECOMMENDED FOR PROGRAM COMPLETE STATUS. Yes No

If no, explain:

Signature of Program Director

Date

Printed name of Program Director

The following signature verifies that the resident has had the opportunity to review this report.

Signature of Trainee

Date

Printed name of Trainee

AOCD POSTER EXHIBITS

Poster Exhibits: Poster exhibits present scientific information utilizing narrative material, photographs, charts, diagrams, etc. During the resident's **second year** of training, the resident must submit a poster at the Spring AOCD meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be appropriately referenced.

Submission Guidelines

- Abstracts should be no longer than 2,500 characters including spaces.
- Typed, hand written, incomplete, faxed or late entries cannot be accepted. There will be NO exceptions.
- The abstracts should be organized, coherent, well-thought-out and complete for presentation.
- Absolutely no changes may be made in the abstract after submission. For instance, no change in authors, title, category, content or spelling will be allowed. If a change is required for scientific or academic accuracy, the poster submission should be withdrawn.
- Avoidance of Commercialism. All poster exhibits must avoid commercialism. No trade names should be used for drugs, devices and/or instrumentation, including lasers. Any medications or other substances referred to in the presentation material must be identified by their scientific names only. In addition, poster exhibits, the cost of which is underwritten to any extent by a pharmaceutical company or other commercial enterprise, should include a clear acknowledgment stating that a portion of its cost was underwritten and identifying the particular commercial company involved.
- Trade name violations or failure to disclose commercial support will result in below average and unsatisfactory grades.

Posters/Abstracts will be deemed unapproved for any of the following reasons:

- Trade Name Violations/Commercialism – Refer to the Submission Rules & Guidelines for detailed information.
- Briefly Stated/Incomplete Studies – Abstracts which contain no data or appear to be promissory in nature.
- Multiple Abstracts – Studies utilizing the same data set which examine the same drug or device over the same time period should be condensed into one presentation. Multiple submissions of this type are not acceptable.
- Poor Presentation – Abstracts which contain vague, disorganized, or unclear content or numerous grammatical or spelling errors.

Categories for Presentation

- | | |
|--|---|
| • Acne | • Infection — Bacterial & Parasitic |
| • Aging/Geriatrics | • Infection — Fungal |
| • Arts, History, & Humanities of Dermatology | • Infection — Viral, Including AIDS |
| • Basic Science | • Internal Medicine Dermatology |
| • Clinical Dermatology & Other | • Lymphoma, Cutaneous/Mycosis Fungoides |
| • Cutaneous Disorders | • Melanoma & Pigmented Lesions |
| • Connective Tissue Diseases | • Non-melanoma Skin Cancer |
| • Dermatitis, Contact, Allergic & Irritant | • Pediatric Dermatology |
| • Dermatitis, Atopic | • Photobiology Diseases |
| • Dermatopathology | • Phototherapy & Photosensitivity Diseases |
| • Dermatopharmacology/Cosmeceuticals | • Pigmentary Disorders & Vitiligo Psoriasis |
| • Digital/Electronic Technology | • Other Papulosquamous Disorders |
| • Education & Community Service | • Skin Anatomy, Embryology & Physiology |
| • Epidemiology & Health Services | • Surgery — Laser |
| • Administration | • Surgery — Cosmetic |
| • Genodermatoses | • Surgery — Dermatologic |
| • Hair & Nail Disorders | • Wound Healing & Ulcers |
| • Immunodermatology & Blistering Disorders | |

AOCD RESIDENT POSTER SUBMISSION FORM

Name: _____

Program Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Please provide a descriptive title: _____

Specify for which audience is the topic most pertinent (please check all that apply):

Resident Dermatologists

Practicing Dermatologists (Private Practice)

Hospital Based Dermatologists

Research or Academics

Physicians Assistants

Nurse Practitioners

Derm Nurses

Physicians Other

Health System and Health Plan Executives

Pharmaceutical & Biotech Manufacturers

Other (please specify) _____

Has this presentation been offered at other conferences? If YES, please detail the date, location and for which one(s).

Resident Signature

Date

Program Director Signature

Date

During the residency, **at least once in the 3 year time frame**, the resident must submit an abstract at the annual meeting of the American Academy of Dermatology. Proof of an abstract's submission shall be provided along with the resident's annual reports.

The following information was obtained from the AAD. Please visit the link below for the process on submitting an abstract.

<http://www.aad.org/meetings/annual/abstracts/symposiums.html>

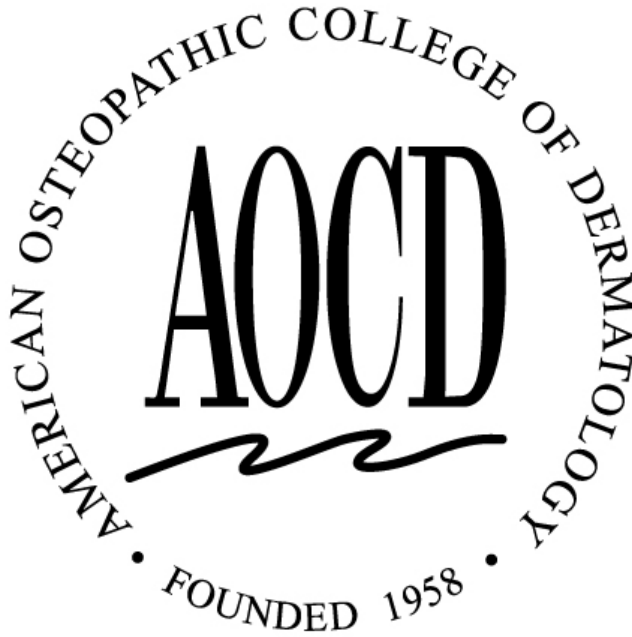
Gross & Microscopic & Resident and Fellow Symposia Gross & Microscopic Symposium Qualifications

All members of the Academy are invited to submit case presentations for review and selection. Non-members and guests from outside the United States are welcome to submit case presentations provided the abstracts are submitted in English. Non-members who wish to participate will be required to register for the Annual Meeting as a non-member at the non-member fee.

Presentations

The Gross & Microscopic Dermatology Symposium provides an opportunity for a 4-minute presentation of clinical and investigative studies of patients and their disease. Studies appropriate for consideration should focus on common diseases with unusual facets or unusual diseases with attendant teaching value. A maximum of 270 abstracts can be accepted for oral presentation.

Presentations should follow a logical order and include patient history, biopsies, laboratory data, diagnosis and treatment. Visual quality of the clinical and microscopic pathology is of paramount importance. Selection of abstracts depends on the clarity and accuracy of the information presented.



FEES FOR LATE SUBMISSION OF ANNUAL REPORTS

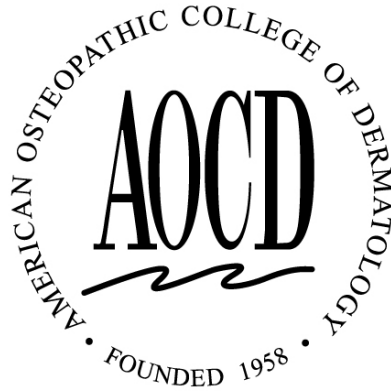
\$100 for all reports submitted 30 to 365 days after submission deadline.
(1 to 12 months late)

\$250 for all reports submitted 365- 730 days after submission deadline.
(13 to 24 months late)

\$500 for all reports submitted 730 days after submission deadline.
(25 to 36 months+ late)

Resident's Annual Report, Program Director's Annual Report, Resident's Annual Paper with two questions and references are due to the American Osteopathic College of Dermatology national office within thirty (30) days of completion of each training year.

Effective 10/2000;7/2005



SUGGESTED READING

Dermatologic Surgery: Principles and Practice
Pediatric Dermatology
Andrew's Diseases of the Skin, 8th Ed.
Dermatology in General Medicine
Dermatology
Pathophysiology of Dermatologic Diseases
Histopathology of the Skin
Photosensitivity Diseases
Clinical Immunodermatology
Textbook of Dermatology
Contact Dermatitis
Color Atlas of Histopathology of the Skin
Principles and Practice of Dermatology
Dermatology in Internal Medicine

Roenigk, Roenigk, Jr. Editors
Schachner, LA, Hansen, RC
Arnold, HL, Odom, RB, James, WD
Fitzpatrick, T., Eisen, A.Z., Wolff, K.
Hurley, Moschella S.
Baden H., Soter N.
Lever, W.
Harber, L., Bichers, D.
Dahl, M.V.
Rook
Fischer
Schaumberg & Lever
Sams & Lynch
Fitzpatrick

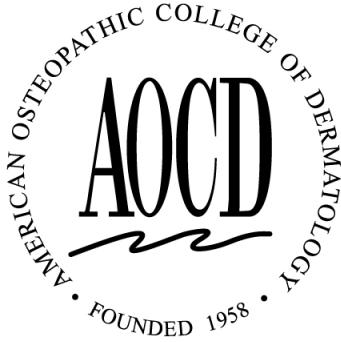
JAMA Dermatology
Journal of the American Academy of Dermatology
Journal of Dermatologic Surgery and Oncology

SUGGESTED REFERENCES FOR THE IN TRAINING EXAM

Dermatology
Andrew's Diseases of the Skin
Hurwitz Clinical Pediatric Dermatology
Dermatology in General Medicine
Comprehensive Dermatologic Drug Therapy
Surgery of the Skin: Procedural Dermatology
Genodermatoses
Skin Pathology
Histopathology of the Skin
Practical Dermatopathology

Bolognia
Schachner, LA, Hansen, RC
Paller, A., Mancini, A.
Fitzpatrick, T., Eisen, A.Z., Wolff, K.
Wolverton
Robinson
Spitz
Weedon
Lever, W.
Rapini

Journal Sources: *JAAD*, *JAMA Dermatology*, *Dermatologic Surgery*, *Journal of Drugs in Dermatology*, *JA OCD*



Resident Reimbursement Information

AOCD is fortunate to receive support from time to time from various companies for the reimbursement of resident travel. You will be notified by email of an event which will be reimbursed. **It should never be assumed that funds will be available for all expenses submitted, nor should it be assumed that events which were reimbursed in the past will always be paid for UNTIL you receive information from the AOCD office with the details of the event.** In most cases, the funds received are divided as equally as possible among those that attend the event.

In order to expedite the reimbursement process for everyone, please follow the steps below to insure timely receipt of your reimbursement.

1. Submit receipts by due date. Late entries only delay the checks for everyone else as all checks are processed at the same time. Send us clear copies and retain the originals.
2. Fill out Resident Reimbursement Travel Expense form completely, sign and date it.
3. A certificate of completion OR event registration receipt **MUST** be included.
4. Covered expenses are generally, lodging, airfare, and event registration. In the event that anyone should drive to the event, the reimbursement will either be by mileage (standard IRS rate) or submitted gasoline receipts. You will not be reimbursed for both.
5. Taxi receipts will be covered to and from hotel to airport. (if funds are available)
6. Meals/Room service charges on the hotel bill are generally not covered.

AP. ULBRICH RESEARCH AWARD IN DERMATOLOGY

INTRODUCTION

The AP. Ulbrich Research Award in Dermatology is an educational grant sponsored by the American Osteopathic College of Dermatology (AOCD) and is funded through the AOCD Educational Research Fund. The grant is intended to enable the applicant to conduct a basic science or clinical research project that will make a significant contribution to osteopathic medicine and dermatologic research.

ELIGIBILITY

Applications will be entertained from osteopathic physicians in postdoctoral training programs and research fellowships in dermatology. Each grant supports one individual. Not more than two consecutive or non-consecutive grants may be awarded to an individual.

The grant is not exclusive and the investigator may seek additional funding from other sources such as the AOA Bureau of Research, governmental agencies, other outside agencies, college or hospital, etc.

The grant provides financial support for the completion of a clinical or basic science research project. Various types of research are eligible for consideration.

For example:

The resident may contribute to or take responsibility for a portion of a research project that is ongoing.

The resident may seek support for conducting novel research after developing a feasible research proposal.

The resident may seek support to develop a research idea. In this case, the resident should first conduct a complete literature search to determine the feasibility and need for the project. A research proposal must be developed by the end of the grant timeline.

All resident research must be conducted under the guidance of a research advisor.

SUBMISSION INFORMATION

Applications should be in the following format:

1. Grant forms H-1, I, O, F and G (AOA forms)
2. Research proposal containing the following:
 - (a) Introduction including description of the general concepts of the project. Include background information, preliminary work and observations and literature review references.
 - (b) A statement of the hypothesis to be tested. List specific questions posed to test the hypothesis.
 - (c) A detailed description of the research plan including methods and controls. Include a description of the proposed experiments or procedures; the techniques to be used; the number and type of subjects; the control population; the types of data expected to be generated; and the means by which the data will be analyzed and interpreted.
 - (d) A description of the significance of this research to the field of dermatology and osteopathic medicine in general.
 - (e) A list of all personnel involved in the study. Attach a curriculum vitae for professional and personnel and job descriptions for technicians. Estimate the percentage of each individual's efforts to be devoted to the project.

Incomplete applications will not be accepted. Applications received after the deadline will be returned unread.

DEADLINE FOR SUBMISSION

Applications must be received by March 30 to be eligible for consideration of award during the following academic year (July 1- June 30).

ADMINISTRATIVE INFORMATION

Applications will be reviewed by the Research Committee. The Research Committee will forward its recommendations to the AOCD. The AOCD notifies the applicants of the Committee's action by certified letter. The grant will begin July 1 of that year and end June 30 of the subsequent year. All correspondence concerning the program and/or awarded grants should be directed to the AOCD Committee on Research.

THE AWARD

Distribution of the award will occur as follows:

\$500.00	when the official notification of the award is made.
\$250.00	upon receipt, and approval, of a mid-year progress report.
\$250.00	upon receipt, and approval, of a final progress report, and paper suitable for publication.

Winners of the award will be honored at the subsequent Annual AOCD Meeting.

REQUIRED REPORTS

Grant recipients are required to submit the following reports:

The mid-year report is due 31 January, six months after the start of the grant year. The report must be signed by both the resident and the sponsor.

The final report is due 1 September, 60 days after the completion of the grant year. It must include a manuscript suitable for publication.

The recipient must submit an abstract for oral presentation of their project results at the AOCD Annual Convention.

Approved final reports will be submitted for consideration for publication to an appropriate dermatology or professional journal.

All reports should be sent to the AOCD Committee on Research at the AOCD central office: P.O. Box 7525, Kirksville, MO 63501-7525

JAMES BERNARD, D.O., FAOCD
AOCD RESIDENCY LEADERSHIP AWARD

The James Bernard, D.O., FAOCD, AOCD Residency Leadership Award is a leadership award sponsored by the American Osteopathic College of Dermatology (AOCD). The award is intended to encourage and enable the recipient to organize and foster the ideals of the AOCD. The award offers a third-year osteopathic resident physician a future position in one of the AOCD committees. Such committee positions available for invitation: CME Committee, In-Training Examination Committee, Journal, and Editorial/Public Relations Committee.

ELIGIBILITY

Applications will be entertained from AOCD program directors to nominate 3rd year osteopathic dermatology residents. Each award supports one individual.

NOMINATION CRITERIA

- Integrity – Maintains the highest personal standards of honesty, fairness, consistency, and trust.
- Respect – Displays a professional persona and is open-minded and courteous to others.
- Empowerment – Provides knowledge, skills, authority and encouragement to fellow physicians and staff.
- Initiative – Takes prompt action to avoid or resolve problems and conflict.
- Be a member in good standing of the AOCD and the AOA.

DEADLINE FOR SUBMISSION

Applications must be received by July 1 to be eligible for consideration of award.

INFORMATION

Applications will be reviewed by the Awards Committee. The Awards Committee will forward its recommendations to the AOCD National Office. The AOCD National Office notifies the applicants of the Committee's action by certified letter. The award will begin during the Annual Meeting of that year and end at the Annual Meeting of the subsequent year.

All correspondence concerning the program and/or awards should be directed to the AOCD Committee on Awards.

THE AWARD

Winners of the award will be honored at the Annual AOCD meeting. A plaque will be presented to each recipient of the award.

**JAMES BERNARD, D.O., FAOCD
AOCD RESIDENCY LEADERSHIP AWARD**

Application Form

Resident being nominated: _____ AOA # _____

Telephone: _____ Email: _____

Current Address: _____

Year of Residency: 3rd

Program Director: _____

Telephone: _____ Email: _____

Program Address: _____

To Nominate, please include a summary of how this resident meets the criteria:

NOMINATION CRITERIA

- ❖ Integrity – Maintains the highest personal standards of honesty, fairness, consistency, and trust.
- ❖ Respect- Displays a professional persona and is open-minded and courteous to others.
- ❖ Empowerment - Provides knowledge, skills, authority and encouragement to fellow physicians and staff.
- ❖ Initiative – Takes prompt action to avoid or resolve problems and conflict.
- ❖ Be a member in good standing of the AOCD and the AOA.

Nominations must be received by July 1, 2017

John C. Grogan, Resident Coordinator
American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501
(800) 449-2623
Fax: (660) 627-2623

**AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
RESIDENT RESEARCH PAPER COMPETITION**

The American Osteopathic College of Dermatology announces the AOCD Resident Research Paper Competition for 2017. Annual awards are presented to recognize the osteopathic dermatology residents' papers which are judged as the best in this competition. All papers submitted will be reviewed by the AOCD Resident Research Paper Competition Committee. Papers will be judged for originality, degree of scientific contribution and thoughtfulness of presentation.

WINNERS WILL BE ANNOUNCED AT THE 2018 AOCD SPRING CONVENTION

Requirements for competition:

- The resident must be in an approved AOA/AOCD Dermatology Training program.
- Complete the enclosed cover sheet.
- Submit six (6) copies of the paper to be judged.
- Only one paper per year may be submitted.
- The paper must have been written and submitted while the resident is in training.
- The paper must be typed and suitable for publication.
- Authors' names are not to be included on the paper itself, only include the title on the paper. Names of the authors are to be placed on the cover sheet only.
- Submission of this paper for review does not become part of your annual training reports. If it is to be used as your annual paper, it must also be submitted to the AOCD National Office with your annual reports.
- Do not ship or mail the papers in a manner that requires a signature for delivery.
- Failure to follow the competition requirements will result in disqualification.

DEADLINE FOR SUBMISSION IS JUNE 30

SEND ALL PAPERS TO:

**Dr. Gene Conte
271 Thoroughbred Drive
Prescott, AZ 86301**

COVER SHEET

***AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
RESIDENT RESEARCH PAPER COMPETITION***

1. Name: _____ AOA # _____
Year of Residency: 1st 2nd 3rd Telephone: _____
Current Address: _____

2. Program Director: _____ Telephone: _____
Program Address: _____

3. Title of Paper: _____

DEADLINE FOR SUBMISSION IS JUNE 30

SEND ALL PAPERS TO:

**Dr. Gene Conte
271 Thoroughbred Drive
Prescott, AZ 86301**

Date Received _____

Dermatologic Surgery in the Outback

Dr. Anthony Dixon, an Australian surgeon who specializes in skin cancer surgery, has been gracious enough to extend an invitation to the physicians and residents of the AOCD for a preceptorship “down under.” The proposed preceptorship would be limited to two physicians each year. One resident and one attending physician (AOBD board eligible or board certified) would be selected for the preceptorship.

The attending physician’s selection would be based on the silent auction principal. The starting bid would be \$1,000 and the preceptorship would be awarded to the highest bidder. The funds raised would be used to provide financial support for the winning ***resident*** attendee.

The resident selection would be based on a surgical paper competition. All residents wishing to have the chance to go can prepare a surgical paper. This paper would be judged on the basis of its surgical application in dermatologic surgery, with an emphasis on cutaneous cancer. The paper should be based on principles of surgical treatments for skin cancer with emphasis on literature review and/or new techniques, with original research strongly encouraged. The AOCD Awards Committee along with Dr. Dixon will select the winning author.

Deadline for submission of the paper will be September 16, 2016.

Submissions should be sent to the AOCD office in Kirksville. The “winner” would receive approximately \$1,500 towards the cost of the trip to Australia, with additional funding to be determined on proceeds generated by the silent auction. This would not cover the cost of the entire trip but would pay a substantial portion of it. The approximate airfare is \$1,200. Attending physicians would be responsible for their own expenses.

Winners can essentially schedule their preceptorship for any time of year, pending no conflicts with Dr. Dixon’s schedule. It is not required that the attending physician and resident travel at the same time to Australia. Any other details will certainly be addressed upon announcement of winners and preparation for the trip.

This is an incredible opportunity for every member of the AOCD. We look forward to all of your participation in this new adventure!

Questions? Contact Dr. Lloyd J. Cleaver at drllloyd@cleaverdermatology.com



AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

P.O. Box 7525 • Kirksville, MO 63501-7525
Office: 660-665-2184 • 800-449-2623 • Fax: 660-627-2623
execdirector@aocd.org
www.aocd.org

TO: American Osteopathic College of Dermatology Program Directors
American Osteopathic College of Dermatology Residents

FROM: Marsha Wise

RE: Cole Diagnostics Dermatopathology Grant

DATE: October 1, 2011

Cole Diagnostics is pleased to announce a grant open to AOCD Residents to cover the cost of travel and living expenses to study dermatopathology with Dr. Ryan N. Cole of Cole Diagnostics for a two week rotation in Boise, Idaho.

GENERAL INFORMATION

Second and third-year residents are eligible for this grant. Interested residents must return a completed application to Marsha Wise (see contact information below). You will be notified by mail or e-mail of your selection. Residents may only be considered for this special rotation once. **Upon completion of the rotation, residents must provide a five-minute summary at the annual meeting following completion of the rotation.**

INSTRUCTIONS

1. Please complete the application, in its entirety, and mail, fax, or e-mail it to:

**AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
ATTN: COLE DIAGNOSTICS DERMATOPATHOLOGY GRANT
PO BOX 7525
KIRKSVILLE, MISSOURI 63501
mwise@aocd.org
FAX: 660-627-2623**

2. If you are selected for the grant, you will receive additional instructions from Cole Diagnostics about scheduling your rotation.
3. Please complete and submit your application as soon as possible to ensure consideration for this grant.

For additional questions, please contact Marsha Wise.

President

Leslie Kramer, D.O., FAOCD

President-Elect

Bradley Glick, D.O., FAOCD

First Vice President

James Towry, D.O., FAOCD

Second Vice President

Karen Neubauer, D.O., FAOCD

Third Vice President

David Grice, D.O., FAOCD

Secretary-Treasurer

Jere J. Mammino, D.O., FAOCD

Immediate Past-President

Marc I. Epstein, D.O., FAOCD

Trustees

Celeste Angel, D.O., FAOCD

Alpesh Desai, D.O., FAOCD

Mark Kuriata, D.O., FAOCD

Rick Lin, D.O., FAOCD

Andrew Racette, D.O., FAOCD

Suzanne Rozenberg, D.O., FAOCD

Executive Director

Marsha A. Wise, BS

An affiliate of the American
Osteopathic Association



Come Study With Us

Cole Diagnostics is pleased to announce a grant open to AOCD Residents to cover the cost of travel, hotel arrangements, and meals to study dermatopathology with Dr. Ryan Cole of Cole Diagnostics for a two-week rotation in Boise, Idaho.

Why Cole Diagnostics?

We are passionate about teaching! Dr. Cole enjoys to teach and help the next generation of clinicians to be the best they can. We have a comfortable environment for learning, and we will expose you to a high-volume, real-world dermatopathology experience. Also, we know this will help you study and be ready for challenging board examinations.

What You Will Learn

The focus of this training will be the real-world environment of dermatopathology. You will experience the speed, complexity, and intensity of a real-world practice. You will be exposed to a high volume of cases to enable you to recognize and understand information that will be valuable in your practice of medicine. You will also have personal study time to review what you have learned. Finally, we will provide a formal curriculum supplemented by the use of our teaching sets and board preparation materials.

Really?

Yes, really. We are giving you this wonderful opportunity to see a new place, learn wonderful skills, and experience one aspect of medical practice first hand. We truly are committed to teaching, and are pleased to offer full financial support for your training with us. We also think you will be pleasantly surprised with a visit to Boise. We will put you up in a hotel right down town within walking distance to great restaurants, shopping, and other excellent entertainment. If you're an outdoors type, you will surely enjoy our beautiful rivers, foothills, and open space. Just let us know what you are interested in, and we'll help make your visit as fun as possible!

How to Apply?

Please complete the application, in its entirety, and mail, fax, or e-mail it to:

American Osteopathic College of Dermatology
ATTN: Cole Diagnostics Dermatopathology Grant
PO Box 7525
Kirkville, MO 63501
mwise@aocd.org or Fax: 660-627-2623

Cole Diagnostics | 7988 W. Marigold Street, Suite 150 | Boise, ID 83714

Tel: (800) 850-PATH | Fax: (800) 838-5913



APPLICATION FOR DERMATOPATHOLOGY GRANT

Name: _____ Date: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

We would like to get to know you! Please complete the following questions to help us see how this grant will fit in with your long-term goals.

1. What year resident are you? Second Year Third Year

2. What area do you consider your expertise?

3. Please explain why you are interested in studying dermatopathology.

4. Have you previously studied dermatopathology? If so, with whom did you study?

5. Have you had a board review course? Yes No
(We plan on helping you get ready)

(Continued)

6. What experience do you have? (Please include a broad answer; you may include dermatopathology experience or other relevant experience)

7. Where do you plan on practicing (physical location)? Do you wish to start your own practice or will you join an existing group?

8. Do you plan on reading your own slides in practice? Why or why not?

9. What do you anticipate learning from this experience?

10. Rotations will last for two weeks from a Monday through the Friday of the following week. Please indicate below, in order of your preference, the top three dates you would like to attend. Once you are accepted for this grant, Cole Diagnostics will plan with you and help you make arrangements for the rotation.

Upcoming Meetings:

2016 Annual AOCD Fall Meeting
Loews Santa Monica Beach Hotel
Santa Monica, CA
September 15-18, 2016

2017 Annual AOCD Spring Meeting
Ritz Carlton Atlanta
Atlanta, GA
March 29 - April 2, 2017

American Academy of Dermatology Meeting Dates:

2017 - 75th in Orlando, FL, March 3 - 7
2018 - 76th in San Diego, CA, February 16 - 20
2019 - 77th in Washington D.C., March 1 - 5
2020 - 78th in Denver, CO, March 20 - 24