Model Program for

Osteopathic Residency Training Programs

In Dermatology

Contributors

David C. Horowitz, D.O.

Stephen M. Purcell, D.O.

Stevon Brenman, D.O.

Robert Verona, D.O.

Charles G. Hughes, D.O.

Roger Byrd, D.O.

Daniel Koprince, D.O.

Monique Cohn, D.O.

Michael J. Mahon, D.O.

Modified by

Jonathan Crane, D.O.

Dawn Sammons, D.O.

Reagan Anderson, D.O.

Adopted

COPT 4/1994

BOT 7/1994

Updated 1/13/2015

A model program for the training of osteopathic residents in dermatology is a suggested model that the directors of the various programs can use as a guideline to supplement their own philosophical and theoretical approach to the teaching of dermatology.

The breadth of knowledge from new information sources has rapidly expanded over the past several years. Along with this, there has been a proliferation of special interest journals, textbooks, periodicals, seminars, societies, and computer generated information programs. The residents as well as the trainers are often overwhelmed by both the amount and variety of material being presented to them at any given time. Where do they start? What text should they read? Which seminars should they attend? These are all questions commonly asked by most residents. Another concern of the residents is where to acquire the information that will be used to test their knowledge on both the in-training examination, as well as the certifying examination. Adding more confusion, by 2020 there will no longer be AOA dermatology residencies. Instead, all dermatology residencies will be under the ACGME which has its own unique requirements, tests, and processes.

To address these concerns, a model program was constructed as a guide for the program directors, as well as the residents. It is from this basic information source that the residents shall acquire the academic skills to take both the AOBD and the AOBD the in-training and certifying exams with confidence.

It is the responsibility of the Program Director to guide the resident in a step-wise progression from the basic sciences and theoretical aspects of dermatology through the complexities of differential diagnosis and therapeutics.

Each year of training shall be designed to further the residents’ skills and breadth of knowledge. Training programs in dermatology shall be organized to provide trainees with the educational and practical experience that will permit them to deliver superior specialized care to patients with skin diseases.

This must include instruction in the basic sciences and in all clinical areas that relate to the specialty. At least 75% of the experience of the trainee shall involve the direct care of patients.

The training program shall be organized in a systematic fashion to permit the acquisition of experience and knowledge of dermatology in a practical manner. Educational exercises correlate when possible with clinical exposure. Appropriate direction and supervision will be necessary throughout the training period.

As the experience and confidence of the trainees grow, increasing responsibility for patient management can be assumed. Equality of the training experience must be the same for all residents. Teaching methods shall include: lectures, conferences, seminars, demonstrations, journal reviews, dermatopathology slide review, grand rounds, and the attendance at local, regional, and national meetings. A comprehensive on-site library shall be available as a learning resource.

Across the three years of training there will be emphasis on the Osteopathic Principles and Practices (OPP). This will be a complete system of medical care combining patient needs with current practice of medicine and surgery, emphasizing the interrelationship between structure and function

with an appreciation of the body’s ability to heal itself. This may occur through the presentation of lectures, review of relevant journal articles, discussions between faculty and residents or participation in hands-on OMT review and education.

During the first and second years of the training program, there will be a structured study of the basic sciences related to dermatology. This will include: anatomy, physiology of the skin, histology, histopathology, immunology, mycology, oncology, parasitology, pathology, virology, and environmental and photobiology.

To facilitate clinical and laboratory teaching, the trainee shall have access to a dermatopathologist and a laboratory. Under supervision, the resident shall learn to perform microscopic analysis of biologic specimens such as fungal and ectoparasite scrapings, Tzanck smears, immunofluorescence, darkfield preparations and the interpretation of slides.

During the three years, the resident shall obtain special competence in the fields of contact allergy, cryotherapy, laser surgery, dermatologic surgery to include Mohs Micrographic Surgery, dermatopathology, microbiology, photobiology, immunodermatology, and pharmacotherapy.

Space and equipment shall be provided to permit instruction in dermatologic surgery, phototherapy, cryotherapy, laser surgery, and the other physical modalities used in the diagnosis as well as treatment of disease. The resident shall have a working knowledge of the electromagnetic spectrum, the use of the electron beam, x-ray, grenz-ray, ultraviolet and laser radiation.

Clinical training shall be very broad and include allergy and immunology, industrial medicine, oncology, environmental diseases, venereal diseases with special emphasis on the cutaneous manifestations on HIV infections, tropical diseases, physical modalities and dermatologic surgery.

Residents shall be encouraged to teach dermatology to other residents, medical students, nurses, and hospital house staff.

Resident Evaluation

In training evaluation shall be carried out at regular intervals (monthly, semi-annually, and annually) to ensure that the resident is making satisfactory progress. All residents will take the yearly AOCD In-Service Training Exam. Since a transition is taking place to ACGME programs, all residents are highly encouraged to take the yearly ABD In-Service Training Exam, at the discretion of the Program Director.

Proposed First Year Training Program

Didactic Reading Assignments

1. Assign basic textbook that must be completed by end of the first year.

 Suggestions (the current edition):

A. Andrews; *Diseases of the Skin*

B. Bolognia; *Dermatology*

2. Assign basic text in histopathology; will be used as reference during entire three years of training.

Suggestions (the current edition):

 A. Lever; *Histopathology of the Skin*

B. Schaumburg-Lever; *Histopathology of the Skin*

C. Farmer & Hood; *Pathology of the Skin*

 D. Rapini; *Practical Dermatopathology*

E. Weedon; *Weedon's Skin Pathology*

F. Elston; *Requisites in Dermatopathology*

3. Assign journals to be reviewed on a monthly basis in their entirety; emphasis on continuing medical education articles.

* + - 1. A. *Archives of Dermatology*

B. *Journal of the American Academy of Dermatology*

C. *Journal of Dermatologic Surgery*

D. *Journal of the American Osteopathic College of Dermatology*

4. Selected readings-articles of interest to trainer or trainee, and those with emphasis on

 OPP in the dermatology setting.

5. Weekly or monthly lectures to medical students or hospital staffs.

6. Journal clubs.

Directed Patient Care

The amount of time in hours and days allotted for patient care will be at the discretion of the director. The resident is committed to be under the direction of the Program Director from 7:00 a.m. – 7:00 p.m., 5 days per week. Residents will not work more than 80 hours per week.

Rotations

A. Weekly or monthly dermatologic grand rounds.

B. Weekly sessions in dermatopathology under the direction of a dermatologist or histopathologist competent in dermal pathology.

C. Consultations on hospital and nursing home patients.

Electives

Electives shall be designed to expose the resident to techniques or modalities that may not be available in the confines of the program or to broaden the residents’ breadth of knowledge in a particular subject of interest. Four weeks of elective time are mandatory the first year. Suggested electives:

A. Dermatopathology

B. Pediatric dermatology

C. MOHS Surgery

D. Dermatologic surgery

E. Connective tissue disease

F. Cutaneous lymphoma

G. Phototherapy

H. Contact dermatitis/Patch testing

I. Cosmetic dermatology

J. Sentinel lymph node biopsy

K. Radiation/Oncology

At the end of the first year, the resident shall have a basic understanding of the science of Dermatology and how to apply this knowledge to the patient while maintaining an emphasis on osteopathic principles and practices.

Meetings

The Basic Standards for Residency Training in Dermatology mandate that residents shall attend the annual AOCD meeting. Other suggested meetings include:

A. Annual American Academy of Dermatology (AAD) meeting

B. Midyear meeting of the AOCD

A. AAD summer meeting

Proposed Second Year Training Program

Didactic Reading Assignments

1. Assign second textbook of Dermatology. Degree of complexity and breadth of knowledge shall be more in depth and completed by the end of the second year. Suggestions are:

A. Fitzpatrick; *Dermatology in Internal Medicine*

B. Bolognia; *Dermatology*

2. Continue assignments in histopathology

3. Continued monthly review of:

A. *Archives of Dermatology*

B. *Journal of the American Academy of Dermatology*

C. *Journal of the American Osteopathic College of Dermatology*

D. Additional journals of specific interest. Examples are:

1. *Journal of Dermatological Surgery*

2. *Journal of Investigative Dermatology*

3. *Journal of Drugs in Dermatology*

4. Continued selective readings-articles of special interest to trainer and trainee, and those

 with emphasis on OPP in the dermatology setting.

Directed Patient Care

Again, directed patient care is at the discretion of the Program Director, with increasing emphasis on differential diagnosis and therapeutic modalities and measures. Residents should be increasingly comfortable integrating osteopathic principles and practices into the care of each individual patient.

Rotations

A. Weekly or monthly grand rounds.

B. Weekly sessions in Dermatologic Pathology.

C. Consultations at hospitals and nursing homes.

D. Monthly lectures to hospital house staff or medical students.

Elective Time

Elective time during the second year totals 4 weeks. Suggested 4 weeks elective courses, office rotations or conferences include:

A. MOHS chemosurgery

B. Advanced dermatologic surgery

C. Dermatopathology

D. Bullous Disease

E. Connective tissue Disease

F. Laser surgery

G. Cosmetic dermatologic surgery

H. Sclerotherapy

I. Cosmetic dermatology

J. Sentinel lymph node biopsy

K. Radiation/Oncology

Meetings

The Basic Standards for Residency Training in Dermatology mandate that residents must attend the annual AOCD meeting. Other suggested meetings include:

A. Annual American Academy of Dermatology (AAD) meeting

B. Midyear meeting of the AOCD

C. AAD summer meeting

Additional Selected Reading Assignments

A. Fitzpatrick; *Dermatology in General Medicine*

B. Gross; *Mohs Surgery: Fundamentals and Techniques*

C. Wolverton; *Comprehensive Dermatologic Drug Therapy*

Proposed Third Year Training Program

Didactic Reading Assignments

1. In-depth reading on special subjects. Suggestions include:

A. Dermatologic surgery

B. Melanoma

C. Laser surgery

D. X-ray therapy

E. Sclerotherapy

2. Dermatopathology

3. Continued monthly review of:

* + 1. *Archives of Dermatology*
		2. *Journal of the American Academy of Dermatology*
		3. *Journal of the American Osteopathic College of Dermatology*
		4. Additional journals of specific interest

4. Continued selective readings-articles of special interest to trainer and trainee, and those

 with emphasis on OPP in the dermatology setting.

5. Elective research projects

6. Completion of oral presentation at AOCD meetings

 7. Completion of research or clinical papers required by AOCD

Suggested Additional Reading Assignments

A. Baker; *Local Flaps in Facial Reconstruction*

B. Robinson; *Surgery of the Skin*

C. Wolverton; *Comprehensive Dermatologic Drug Therapy*

D. Spitz; *Genodermatoses*

E. Rigel; *Cancer of the Skin*

F. Lebwohl; *Treatment of Skin Disease: Comprehensive Therapeutic Strategies*

Elective Time

Elective time during the third year totals 4 weeks. Suggested 4 weeks elective courses, office rotations or conferences include:

A. MOHS chemosurgery

B. Advanced dermatologic surgery

C. Dermatopathology

D. Laser surgery

E. Cosmetic dermatologic surgery

F. Hair Transplantation

G. Liposuction

H. Cosmetic dermatology

I. Sentinel lymph node biopsy

J. Radiation/Oncology

Meetings

The Basic Standards for Residency Training in Dermatology mandate that residents must attend the annual AOCD meeting. Other suggested meetings include:

Annual American Academy of Dermatology (AAD) meeting

Midyear meeting of the AOCD

AAD summer meeting

ASMS annual meeting during third year.

Hugh Greenway’s Annual Superficial Anatomy & Cutaneous Surgery course

Directed Patient Care

Again, at the discretion of the trainer, there should be increasing emphasis on differential diagnosis and therapeutic modalities and measures of more complex patients. Residents should be comfortable integrating osteopathic principles and practices into the care of each individual patient.

Dermatopathology

The trainees in an AOA-approved dermatology residency shall develop a keen understanding of the histopathologic features of a wide range of dermatologic conditions. In addition, the trainee shall appreciate the correlation between the clinical features of cutaneous diseases and their corresponding histopathological findings. Training shall offer comprehensive exposure to inflammatory dermatoses, benign and malignant neoplasms of the skin.

The trainee shall learn when to biopsy, how to biopsy, the appropriate type of biopsy, the limitations of the histopathologic diagnosis, and the value of special stains, immunohistopathology, and other laboratory methods.

Although a substantial grasp of basic dermatopathology shall be expected from trainees completing their residencies and sitting for certifying examination, the candidate for certification will not be expected to be an expert at identifying subtle and less common presentations of many conditions. The trainee shall be expected to be able to differentiate common skin tumors, and to provide a realistic differential diagnosis for less obvious histopathologic findings such as inflammatory diseases. The trainee shall have acquired enough actual microscopic viewing time to recognize common diseases under the microscope.

The basic dermatopathology course given yearly by the AAD provides a helpful review. However, there is no substitute for a regular viewing and discussion of biopsies with the trainer or dermatopathologist.

Educational slide sets are available from the AAD, AFIP, and many other teaching institutions. Texts to consider include:

1. Lever; *Histopathology of the Skin*

2. Schaumberg & Lever; *Color Atlas of Histopathology of the Skin*

3. Rapini; *Practical Dermatopathology*

4. Weedon; *Weedon's Skin Pathology*