Residency Training in
Dermatology

Effective: July, 2014
I – INTRODUCTION
The Palm Beach Consortium for Graduate Medical Education training program in dermatology is organized as a fellowship to the PBCGME Internal Medicine residency program. The program is designed to provide the fellow with advanced and concentrated training in dermatology and to prepare the fellow for examination for certification in Dermatology by American Osteopathic Board of Dermatology (AOBD).

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

III – EDUCATIONAL PROGRAM GOALS
The objectives of the training program in dermatology:

A. Provide training which integrates the seven core competencies of osteopathic medicine in the teaching of basic medical sciences and clinical medicine in an orderly, progressive, and academic manner from a defined hospital department/division of dermatology.

B. Core Competencies of the Osteopathic Profession

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine:
   a. Fellows must demonstrate and apply knowledge of accepted standards in Osteopathic Philosophy and Practices (OPP)/Osteopathic Manipulative Therapy (OMT)

2. Medical Knowledge and Its Application into Osteopathic Medical Practice:
   a. Fellows must demonstrate and apply integrated knowledge of accepted standards of clinical medicine and OPP in dermatology, remain current with new developments in medicine and participate in lifelong learning activities, including research.

3. Osteopathic Patient Care:
   a. Fellows must demonstrate the ability to treat patients and provide medical care that incorporates the osteopathic philosophy.
   b. The fellow must demonstrate patient empathy, awareness of behavioral issues and incorporate preventive medicine and health promotion.

4. Interpersonal and Communication Skills in Osteopathic Medical Practice:
   a. Fellows must demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health-care teams.

5. Professionalism in Osteopathic Medical Practice:
   a. Fellows must uphold the Osteopathic Oath in the conduct of their professional activities. This includes promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning and sensitivity to a diverse patient population.

6. Osteopathic Medical Practice Based Learning and Improvement:
   a. Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

7. System-Based Osteopathic Medical Practice:
   a. Fellows must demonstrate an understanding of health-care delivery systems and provide qualitative osteopathic patient care as well as practice cost-effective medicine within the system.
IV – INSTITUTIONAL REQUIREMENTS

A. There must be an organized department or division of dermatology.
   
a. All trainers in the program are board certified by the AOBD or American Board of Dermatology (ABD).
   
b. There is a minimum of two (2) board certified osteopathic dermatologists to be trainers for every four fellows.

B. Members of the Pathology department are available to integrate clinical manifestations with gross pathology and microscopic pathology.

C. Members of the Radiology department are available to provide exposure to radiation oncology as utilized in dermatological cases.

V -PROGRAM REQUIREMENTS and CONTENT

A. The program has an on-site pre-approval inspection by the AOCD EEC.

B. The residency program in dermatology is three (3) years in duration during which time the fellow learns 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 includes 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 prepares the fellow in the following: mycology, allergy and immunology, dermatologic surgery and oncology, medical dermatology and dermatologic physical modalities. The clinical subjects: dermatopathology, therapeutic radiology and phototherapy, medical dermatology and dermatologic physical modalities.

C. The residency program includes 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 includes in-patient dermatology experience to allow the fellow to develop skills necessary to perform standard dermatology consultations.

E. Techniques of medical writing, manuscript preparation, and manuscript presentation are incorporated into the residency program.

F. The residency program assures that the fellow:

   1. Provides didactic sessions on the mechanism of disease as it relates to dermatology.

   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 involves direct patient care. The residency program ensures that the educational component of patient care outweighs the service component.

H. The residency program provides lectures on issues pertinent to training in dermatology. These occur on a weekly basis in a clinic or office setting, grand rounds, clinical conferences or journal club.
I. The residency program provides at least three months and a maximum of twelve (12) months of elective rotations outside the parent institution during the three (3) year training program. A minimum of one month of this elective time is provided each year, exclusive of AOCD Annual or Midyear Meetings. These rotations are approved by the program director, and meet the requirements of the training program and the AOA. The rotation template for each fellow is available for review.

P. There is an affiliated dermatopathologist available to integrate clinical manifestations with gross pathology and microscopic pathology.

Q. The program provides educational opportunities for faculty development.

VI - PROGRAM DIRECTOR / FACULTY

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

B. The program director has the following qualifications and responsibilities:

   1. Qualifications:
      a. Certified in dermatology by the AOA through the AOBD or through the ABD
      b. Member in good standing of the AOCD.
      c. No less than five (5) years of full-time dermatology practice experience prior to assuming the responsibilities of this position.
      d. Capable of teaching a broad program in basic sciences and in clinical dermatology.
      e. Maintains staff privileges as a dermatologic consultant at an accredited hospital to provide training and management of inpatient dermatologic cases.
      f. Holds a valid state license and be a full-time, practicing specialist in the location in which training is taking place.

   2. Responsibilities:
      a. The program director is responsible for providing a comprehensive training program which meets the goals and objectives described in the program description as well as the training requirements outlined in this document.
      b. The program director is required to submit semi-annual evaluations to the director of medical education. Copies of these evaluations shall be sent to the AOCD.
      c. The program director is required to submit annual reports listing the names and status of current fellows and new fellows to AOCD Education Evaluating Committee by May of each year.
      d. The program director actively participates in at least two (2) educational programs, either the annual or midyear meeting of the AOCD twice during every fellow’s 3 year training cycle. Participation is defined as presenting two lectures, two "Great Cases from Osteopathic Institutions" or a combination of these.
      e. The program director attends at least two “AOCD Residency Director’s Meetings” during the three-year residency program cycle of every fellow. These programs will be held in conjunction with AOCD national meetings.
      f. The program director is responsible for reviewing all oral presentations and manuscripts for publication prior to the fellow submitting them. In addition, the program director must submit a signed and dated statement that the fellow’s oral presentation has been reviewed, thereby allowing the fellow to be included in the AOCD meeting program.
      g. The program director maintains and reviews case reports to assist the fellow in their academic evaluations throughout the training program.
h. The program director submits a list of their trainers to the (AOCD) every July 1st.

i. All of the listed program faculty in the department/division are actively involved in training fellows.

VII - FELLOW REQUIREMENTS

A. 1. Applicants for residency training in dermatology must have completed an AOA approved internship or an appropriate OGME1 training program.

2. Be and remain a member in good standing of the AOCD during training.

B. 1. During the residency program, the fellow must submit an annual report of their training to the AOCD 30 days after the end of each training year.

2. 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.

   a. During the residency, at least once in the 3 year time frame, the fellow 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 fellow’s annual reports.

   b. During the fellow’s second year of training, the fellow must submit a poster at the Annual AOA/AOCD meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be referenced.

   c. During the fellow’s third year of training, one of the above manuscripts or papers must be presented as 20 minute lecture at the AOCD annual or midyear meetings. This presentation is considered a major presentation and should be referenced and of professional quality.

3. Utilize osteopathic therapeutics and principles on all dermatological cases that warrant these modalities or techniques.

4. 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 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. Participate in assigned lecture programs with attending staff, fellows, intern and externs.

6. Review articles for journal club on a monthly basis.

7. Complete weekly reading assignments from standardized texts in general dermatology, dermatologic surgery or dermatopathology.

8. Participate in the annual in-training examination with successful completion to the approval of the Education Evaluation Committee.

9. Attend the annual AOCD meeting, for the educational component and support of fellows.

10. Shall perform a minimum of fifteen (15) inpatient hospital or nursing home consultations each year of their residency or a total of forty-five (45) in a three (3) year period. These must be performed under supervision.

VIII – EVALUATION

A. Evaluation of fellows:

   1. Copies of fellow’s annual reports are submitted to the AOCD.
2. This evaluation of performance of each fellow is 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 director completes fellow evaluations semi-annually and submits the documentation to the Director of Medical Education and to the AOCD.

4. Residency remediation:
   a. Fellows will be given a written warning of their deficiencies. Fellows will 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 will be developed by the program director and the fellow.
   c. The AOCD Education Evaluation Committee will be informed of circumstances requiring remediation, the remediation plan and the fellow’s progress by the program director.
   d. A copy of this plan, areas of deficiency, and assessment of progress towards remediation will be placed in the fellow’s file.
   e. When necessary circumstances requiring remediation include, but are not limited to:
      i. Unsatisfactory performance on a core rotation
      ii. Unsatisfactory clinical skills for level of training
      iii. Unsatisfactory or marginal performance in one of the Core Competencies of the Osteopathic Profession for level of training.
      iv. Unsatisfactory performance on the In-Service Training Exam

B. Evaluations of faculty:
   1. The evaluation of faculty participation in teaching is noted in the fellow’s annual report and reviewed annually by the AOCD Education Evaluating Committee.
   2. Program director participation at the annual or midyear meeting of the American Osteopathic College of Dermatology will be noted during every residency program inspection.

IX – ACADEMIC/DIDACTIC PROGRAM

A. Rounds
   1. Clinic and office rounds
      a. A dermatologist will review all patients seen by the fellow. This will be by examining the patient with the fellow, or by reviewing and discussing the chart in regard to all aspects of the diagnosis, treatment and management of the patient.
      b. An allotment of time will be made on a daily basis for the discussion of interesting patient cases with the attending dermatologist.
   2. Work rounds
      The dermatology fellow will conduct rounds with fellows, interns and students on PBCGME patients with dermatological manifestations. The fellow will do consultations on medicine, surgery, family practice, ob/gyn and/or pediatric cases that may have dermatological problems.
   3. Teaching rounds
The fellow will make rounds with the VA Medical Center attending dermatologist after the fellow has conducted work rounds.

4. Grand rounds
Senior residents will attend University of Miami’s Dermatology Grand Rounds every Wednesday. Uncommon and rare cutaneous diseases are presented and management options are discussed. The Chief Fellow is responsible for coordinating patients, venues and attendance for Grand Rounds.

B. Didactics
The leadership of PBCGME’s Dermatology Fellowship believes that didactics are best absorbed when delivered with high quality in manageable quantity. Accordingly, Mondays are reserved for protected time in Dermatopathology slide review, Andrews Book Club, Board Review, Spitz Genodermatosis Review. Thursday afternoons are reserved for Lever’s Book Club. Journal Club is held monthly at the VA Medical Center.

All fellows are expected to attend all lectures. **LECTURES COME FIRST.** The Medical Education Office will request an explanation for absences. **Any unexcused absence will result in failure of the rotation.**

Another lectures will cover various aspects of outpatient and inpatient medicine and other aspects of medical practice in today’s health care arena. This will include, OMM, managed care, behavioral medicine, office management, finances, billing, and computers.

1. Dermatopathology
   a. On a weekly basis, the fellow will be reviewing all of his/her biopsy slides with an assigned dermatologist or dermatopathologist. Additionally, any other interesting clinic slides from the week will be reviewed.
   b. Dermatopathology lectures will be held weekly. Over a three year period, the entire range of inflammatory, infectious, and neoplastic skin diseases will be systematically reviewed.
   c. During each training year, the fellow will spend four weeks with a full time dermatopathologist. This may be conducted at a location of the fellow’s choosing, pending approval by the program director and/or director of medical education. Otherwise, the location can be assigned.

2. Journal Club
   Once a month, journal club will be held. Journals will be reviewed from the *Archives of Dermatology* and/or the *Journal of the American Academy of Dermatology*. Important articles from other dermatology journals will also be occasionally reviewed. The Chief Fellow is responsible for coordinating articles, venues and attendance for Journal Clubs.

3. Book Review
   a. The Fellow will have weekly reading assignments from standard dermatology texts as noted in the *Model Program for Residency Training Programs in Dermatology* by the AOA and the AOCD. During the first year, the readings will be assigned so as to completely cover a major text. Each assignment will be reviewed weekly with a third year fellow or attending dermatologist, discussing the important points.
   b. The second year fellow will be independently reading several smaller focused dermatology texts. These may cover topics such as pediatric dermatology, contact dermatitis, mycology, immunodermatology, hair and nail diseases, and advanced dermatological therapy, pending approval by the program director.
c. The third year fellow will be assigned supervision of the weekly first year book review.

4. Fellow Lectures
   a. Weekly basic dermatology conferences will be given to the Internal Medicine fellows and medical students at West Palm Hospital the first Friday of each month at 7:15 AM, and may be beamed via teleconference to other PBCGME facilities. The dermatology fellows will take turns in leading one of these conferences every week.
   b. Pediatric Dermatology Lecture is held the second Friday of the month at 7:15AM at Palms West Hospital. The dermatology fellows will take turns in leading one of these conferences every week.
   c. The Fellows will attend a bullous clinic one Thursday afternoon of every month.
   d. Dermatology fellows will be responsible for providing an “Acute Medicine Skills” course to first-year PBCGME internal medicine residents, during the first weeks of the academic year.

5. Fellow Papers
   a. Exceeding the requirements of AOCD, during the training program, the fellow must prepare at least two (2) manuscripts or papers during each year of training, under the direction of the program director, which are suitable for publication in peer-reviewed medical journals. Each topic must be approved by the program director and be based on assigned topics which incorporate basic and clinical sciences. In addition to the aforementioned papers, residents doing a combined dermatopathology/research month should produce an additional paper suitable for submission during that month. Material derived from the work of others must be appropriately referenced. At least one of the above manuscripts or papers must be submitted to the JACOD for publication.
   b. During the fellows third year of training, one of the above manuscripts or papers must be presented as a 20 minute lecture at the AOCD annual or midyear meetings. This presentation is considered a major presentation and should be referenced and of professional quality. Fellows are to submit the completed presentation, to the program director, with sufficient time for review before allowing submission to the AOCD.

C. Absences
   1. Fellows are expected to work, at a minimum, eight hours per day, Monday through Friday at either the assigned rotation/office or fixed didactic program, as per above. If fellows are unable to be at the assigned location; will be late or leave early; if the attending takes the day or portion of the day off, etc., the fellow must report such to the office of medical education. Failure to do so may result in disciplinary action.
   2. No continuing education allowance is available. Paid leave, subject to advance approval by the DME, will be available as per the terms of the fellow contract, and will include time spent at conferences including: attendance at the AOCD Annual Conference; attendance at the AAD Annual Conference; and attendance at the AOCD mid-year conference only if the fellow is presenting. Attendance once, during the three years of training, is encouraged at the Scripps Greenway Surgical Course, Chicago Board Review, and Skin Disease Education Foundation (Las Vegas). Fellows are expected to attend the annual AOCD meeting, both for the educational component and support of fellow residents.

D. Leadership/Citizenship:
   Dermatology Fellows have been selected based upon both academic performance and professional characteristics. Dermatology Fellows are held to a high standard of honor, ethics and integrity.
   Further, Dermatology Fellows are expected to bridge the chiasm between fellows and attendings at
the Palm Beach Centre for Graduate Medical Education. Accordingly, Fellows are expected to assume leadership roles and support the Program Directors and Directors of Medical Education in the management of the overall GME program. The PBCGME Medical Education Meeting is held on Fourth Monday of each month. The Chief Fellow will attend. If there is an issue that needs to be discussed, please inform the Chief Fellow so that he/she may bring it before the committee at that time.

E. In-Service Examination:
Fellows are to participate in the annual in-service training examination. A fellow’s academic progress will be judged by his/her exam results. If a resident’s score in any section falls below the mean or median, whichever is the lowest percentage, for their year level, he/she will be placed on Academic Probation for at least three months. This will entail extra study assignments and reports under the direct supervision of an assigned staff dermatologist. Failure to document significant progress and/or performance for their year level may result in termination from the program.

F. Moonlighting:
The Dermatology Training Program at PBCGME/West Palm Hospital is a full time employment commitment that challenges the fellow to grow and mature in medical knowledge, clinical experience, and personal skills that are necessary for the capable practice of primary care medicine.

During the years of postgraduate medical education, it is the fellow’s responsibility to devote their full efforts to the program. Off hours moonlighting employment may present the fellow with opportunities for financial gain and to test his/her medical skills. At no time may moonlighting activities conflict with or diminish the fellow’s responsibilities to the dermatology training program. Moonlighting may not be done in the field of dermatology.

While still a privilege, in order to maintain competency skills, moonlighting will be allowed for fellows who have already achieved primary care certification, to moonlight only in the field of their primary certification, not the fellowship in which they are currently training. This privilege will be limited to fellows who are performing very well in the program, including in-service exam scores above the mean or median, whichever is the highest, on each section of the exam for their national class.

Outside employment (moonlighting) by fellows may be done only with approval of the Program Director who will assure that no conflicts exist with the program requirements. Approval further requires the endorsement of the DME, Regional DME, and facility CEO. Professional liability coverage provided to fellows does NOT extend to moonlighting activities.

In the rare case where moonlighting is approved for a fellow, the following guidelines will be strictly enforced relative to moonlighting:

1. No fellow may moonlight from 7 a.m. to 5 p.m. Monday through Friday or otherwise regularly scheduled shifts.
2. Moonlighting hours must be included in the duty hour totals.
3. The fellow wishing to moonlight must be in good standing within the residency program and performing very well.
4. The fellow cannot moonlight in any activity that he/she also performs as part of his/her residency.
5. All fellowship requirements, institutional requirements, logs, evaluations, and medical records must be up-to-date.
6. No fellow may moonlight while “on call.”
7. No fellow may moonlight within nine (9) hours of beginning “duty.” Duty commences at 7 a.m. Monday through Friday.
8. No fellow may pursue moonlighting activity that will represent the program in a negative fashion.

9. The DME/Program Director may limit an individual fellow’s moonlighting activity if the DME/Program Director thinks the fellow’s activities are interfering with the fellow’s learning or responsibilities. Any and all decisions including limits are at the discretion of the RME/DME/PD.

10. Fellows should not moonlight during the first two (2) months, as they become oriented to the program.

11. While moonlighting, fellows are not covered by the professional liability insurance of the program. Fellows must obtain proper part-time malpractice insurance before she/he starts to work. The Residency Program's insurance coverage does not extend beyond the duties of the fellow.

12. The requirements of the Residency Program supersede any moonlighting commitments.

13. The appropriate forms must be completed and approved by the Regional DME, DME and Program Director before the Fellow can start to moonlight.

14. Moonlighting will be limited to no more than 24 hours per week.

15. Fellows must notify the Program Director 30 days before accepting any moonlighting position.

16. Fellows may not work more than 24 consecutive hours.

17. Any interference with residency duties due to moonlighting will result in suspension of moonlighting privileges.

18. The Program Director may elect to prohibit all fellows in a given program from moonlighting, if in the best academic interests of the Program.

19. Any other criteria established by the institution, program, DME, Program Director or OPTI must be satisfied.

20. Exceptions to the above guidelines can only be made by the RDME, DME and PD.

G. Program Curriculum

**Year I**
- 4 mos General Dermatology
- 1 mos Dermatopathology
- 1 mos Pediatric Dermatology
- 1 mos MOHS
- 3 mos Dermatology Surgery
- 1 mos Elective
- 1 mos General Derm/Radiation Oncology
  (Split rotation)

**Year II**
- 5 mos General Dermatology
- 1 mos Dermatopathology
- 1 mos Pediatric Dermatology
- 3 mos Dermatology Surgery
- 1 mos Elective
- 1 mos General Derm/Radiation Oncology
  (Split rotation)

**Year III**
- 5 mos General Dermatology
- 1 mos Dermatopathology
- 1 mos Pediatric Dermatology
- 3 mos Dermatology Surgery
1 mos Elective
1 mos General Derm/Radiation Oncology
  (Split rotation)