



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.

DERMATOLOGY RESIDENCY ROTATION LOG

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

Resident's Name _____ Training Year 1st 2nd 3rd

Rotation _____ Date _____

Trainer _____

Hospital/Office _____

II. Instructional Organization (check one)	Never	Occasionally	Usually	Always	N/A
1. Did you have significant patient-care responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were your work and knowledge evaluated and discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was there opportunity/or ambulatory experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you have time for reading, teaching, and paperwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Evaluation of Rotation Experience (overall rating)

Excellent Good Fair Poor

General Comments (Trainers, lectures, service):

DERMATOLOGY RESIDENCY LOG

Resident's Name: _____

Training Year 1st 2nd 3rd

Current Date: _____

Courses, Conferences, Meetings, Lectures Attended:

Date:

Location:

Topic:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Papers Prepared for Publication and/or Presentation:

Date:

Location Presented or Publication:

Topic:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lectures Presented:

Date:

Location:

Topic:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional:



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	_____

Send a copy of this form as an Excel template available to jgrogan@aocd.org.

Chancroid	_____
Chondrodermatitis nodularis helioidis	_____
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	_____

Send a copy of this form as an Excel
Template email to jgrogan@aocd.org.

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	_____

Send a copy of this form as an Excel
file via email to jgrogan@aocd.org.
Template available on aocd.org.

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	_____

Send a copy of this form as an Excel
Template available to jgrogan@aocd.org.

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	_____

Send a copy of this form as an Excel
Template available to jgrogan@aocd.org.
Template available on aocd.org.

Sebaceous 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	_____

Send a copy of this form as an Excel
Template available to jgrogan@aocd.org.

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	_____

Send a copy of this form as an Excel
Template available to jgrogan@aocd.org.

Resident Name _____ Year of Training _____

Current Date _____ Program Name _____

Send a copy of this form as an Excel file via email to jgrogan@aoccd.org. Template available on aoccd.org.

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					

Send a copy of this form as an Excel file via email to jgrogan@aoccd.org. Template available on aoccd.org.

Use one sheet for each year in training

Resident Name _____ Year of Training _____

Current Date _____ Program Name _____

Send a copy of this form as an Excel file via email to jgrogan@aoccd.org. Template available on aoccd.org.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Instructional Organization (check one)

Never	Occasionally	Usually	Always	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates good patient interviewing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates humanistic attitudes in relating to patients (compassion, respect, integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Displays technical skills pertaining to specialty area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Displays knowledge about and use of current literature pertaining to patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Displays willingness and ability to work as a team with other health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Displays knowledge that is grounded in clinical experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Displays knowledge of psychosocial aspects of specialty area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shows commitment to continued personal learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recognizes personal limitations and errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Shows application/knowledge of osteopathic principles and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shows sensitivity to resident's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is available, approachable, and receptive to resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspires confidence in resident to solve clinical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is enthusiastic about challenges of specialty area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Coaches resident in affective (emotional) aspects of specialty area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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



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 Annual AOA 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: _____

Section: _____ Page(s): _____

Question 2: _____

a. _____

b. _____

c. _____

d. _____

e. _____

Correct Answer: _____

Subject Matter: _____

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

Reference: _____

Author: _____

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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
2.3	This resident demonstrated a desire to continually improve his/her medical knowledge and that of others.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
-----	--	---

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

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice

4.1	This resident demonstrated effectiveness in developing appropriate doctor-patient relationships.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
4.2	This resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families, and other health professionals.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
4.3	This resident demonstrated an awareness of psychosocial issues and incorporates health promotion into clinical practice.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
5.2	This resident adhered to ethical principles in the practice of osteopathic medicine.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
5.3	This resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
5.4	This resident demonstrated awareness of one's own mental and physical health.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
5.7	This resident understands the importance of participating in continuing education and understands the importance of his/her professional and personal growth.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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).	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
6.2	This resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
6.3	This resident understood research methods, medical informatics, and the application of technology as applied to medicine.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> Exceptional
7.3	This resident demonstrated and integrated Osteopathic Principles and Practices into all clinical and patient care activities.	<input type="checkbox"/> Deficient <input type="checkbox"/> Usually meets Competencies <input type="checkbox"/> Consistently meets Competencies <input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Completing OMT and/or OPP computer-based educational modules.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Participating in OMT and/or OPP training at hospital and ambulatory sites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Performing critical appraisals of medical literature related to OMT and/or OPP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Demonstrating understanding of somato-visceral relationships and the role of the musculoskeletal system in disease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Performing of OMT through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Participating in AOA Clinical Assessment Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Performing a critical appraisal of medical literature related to OMT and/or OPP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Meeting performance standards of OPP through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Participating in activities that provided osteopathic educational programs at the student and intern levels, including osteopathic correlations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Demonstrating knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Demonstrating the treatment of people rather than symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Demonstrating listening skills in interaction with patients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Utilizing caring, compassionate behavior and touch with patients.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical knowledge and its application to osteopathic medical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and communication skills in osteopathic medical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism in osteopathic medical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic medical practice-based learning and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based osteopathic medical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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