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AMERICAN OSTEOPATHIC ASSOCIATION

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**BASIC STANDARDS  
FOR RESIDENCY TRAINING  
IN DERMATOLOGY**

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American Osteopathic Association  
and the  
American Osteopathic College of Dermatology

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**Basic Standards for Residency Training in  
Dermatology**

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## **INTRODUCTION AUTHORITY AND PURPOSE**

These are the basic standards for osteopathic residency training in dermatology as approved by the American Osteopathic Association and the American Osteopathic College of Dermatology. These standards are designed to provide the osteopathic physician with advanced and concentrated training in the specialty of dermatology and to prepare the resident for examination for certification in dermatology.

### **ARTICLE I – PROGRAM MISSION**

Osteopathic residency training in dermatology is defined as a formal training period of three years in an AOA approved program following an AOA approved internship to qualify for certification. This program shall be designed and conducted for the purpose of providing advanced training in dermatology. Residency training in dermatologic medicine is full-time. Providing education of the highest quality must be the major mission of the program. Education – composed of teaching, service, and research – is the primary purpose of a residency program and must:

- A. Provide the current mission statement of this residency program. The mission of the program should be periodically reviewed and updated, with documentation of same.
- B. Confirm that education, in combination with quality patient care, will be the mission and first priority of the dermatology residency.

### **ARTICLE II – PROGRAM OBJECTIVES**

The objectives of a residency program in dermatology are to:

- A. Provide training which integrates basic medical sciences with clinical medicine in an orderly, progressive, and academic manner from a defined hospital department/section of dermatology. All of the listed program faculty in the department/section must be actively involved in training residents.
- B. Provide training which integrates the seven Core Competencies of osteopathic medicine. (See Appendix 1).
- C. Provide the resident with progressive responsibilities, commencing with general medicine skills and progressing to complete care of patients in need of dermatologic care.
- D. Develop the teaching skills of dermatology residents.
- E. Develop medical ethics and interpersonal skills.
- F. Develop an interest in and understanding of research in dermatology.

- G. Develop professional leadership and management skills.
- H. Provide learning experiences based on measurable objectives for the education of residents during a three-year residency program.
- I. Prepare the resident to meet certification requirements of the AOA through the American Osteopathic Board of Dermatology.

### **ARTICLE III - INSTITUTIONAL REQUIREMENTS**

The following institutional requirements must be met for a program to be considered for approval to conduct a dermatology residency program:

- A. There must be an organized department or section of dermatology.
  - 1. All trainers in the program must be board certified or board eligible by the AOBD or ABD. There must be a minimum of two board certified/board eligible osteopathic dermatologists to be trainers for every four residents.
- B. There must be an organized department or section of pathology available to integrate clinical manifestations with gross pathology and microscopic pathology.
- C. There must be an organized department or section of radiology available to provide exposure to radiation therapeutics as utilized in dermatological cases.
- D. There must be an adequate medical library that includes text, journals, audio-visual aids, and current periodicals on dermatology and allied medical sciences.
- E. Programs may only be included in institutions with OPTI affiliated hospitals.
- F. The institution shall have a written description of the process and criteria used in the selection and renewal of residents. This description shall include the institution's policies for contract renewal for residents, and a statement about the potential number of positions funded for each year.
- G. The program must ensure that it meets state and federal laws and statutes, including, but not limited to, Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), Equal Employment Opportunity Act (EEO), Institutional Review Board (IRB) requirement, among others.
- H. The program shall delineate in the program description the desired qualifications of potential faculty and expectations for faculty teaching in the program.
- I. The institution shall have a policy on academic and disciplinary dismissals.

## **ARTICLE IV - TRAINING SITE REQUIREMENTS**

The institution must:

- A. Be accredited by the American Osteopathic Association (AOA) or sponsored by an AOA accredited institution through an established OPTI.
- B. Meet the requirements for residency training of the AOA.
- C. Provide a diversity of medical and surgical dermatological cases.
- D. Be properly equipped, appropriately staffed, and adequately organized to give a full range of dermatological training and didactic expertise.
- E. Provide ample work and study space for residents.
- F. Provide such instruments and equipment essential for the practice and teaching of dermatology.
- G. Provide the resident access to adequate and current literature, journals, periodicals, audio-visual aids and texts related to the field of dermatology.
- H. A member of the faculty must be available at all times to assist the residents in their duties and responsibilities as needed.

## **ARTICLE V - PROGRAM REQUIREMENTS AND CURRICULUM**

- A. The residency program shall only commence after it has received the approval of the AOA Program and Trainee Review Committee (PTRC).
- B. Training programs under the direction of an allopathic trainer must meet ACGME approval before an individual training program can be considered for recognition by the AOA under non-osteopathic approved guidelines.
- C. 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 will include recognition and treatment during the chronological progression of the integumentary system, i.e., the neonatal, pediatric, adolescent, adult and geriatric cycles of life, to provide total health care delivery as it relates to dermatology and dermatologic physical modalities.
  - 2. In addition to the basic requirements, the program will prepare the resident in the following clinical subjects: gross and histodermatopathology, therapeutic radiology and phototherapy, medical mycology, allergy and immunology, dermatologic surgery and oncology, medical dermatology and dermatologic

- physical modalities.
3. The program shall be organized to provide the resident with progressive experience and increasing responsibility in patient care throughout the training period, under the supervision of the program director as the resident acquires skills in diagnosis and treatment of the diseases of the skin.
- D. The residency program will include instruction on special dermatological diagnostic and surgical techniques, and other such modalities which are in current use. The modalities will be supervised by dermatologists proficient in their clinical applications.
  - E. The residency program will include in-patient dermatology to allow the resident to develop skills necessary to perform standard dermatology consultations.
  - F. The residency program will include instruction in the seven osteopathic core competencies as they relate to the specialty of dermatology. (SEE APPENDIX 1)
  - G. Techniques of medical writing and manuscript preparation and manuscript presentation will be incorporated into the residency program.
  - H. There will be a written description of the residency program which will describe the program director's and resident's duties and responsibilities throughout the training program. This description shall be given to each resident at the beginning of training.
  - I. The residency program shall assure that the resident:
    1. Is delegated responsibilities for the training of interns and externs, if available at the training site.
    2. Moderates didactic sessions on the mechanism of disease as it relates to dermatology.
    3. Reviews histories, physical examinations, and other pertinent information associated with patient care and training site procedures.
    4. Is able to organize the disciplines of basic science and clinical dermatology, and apply them to osteopathic principles and practice.
    5. 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.
    6. 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.
  - J. The curriculum shall evolve in response to the rapidly changing and increasing knowledge base in dermatology.
  - K. The residency program shall provide the resident with an annual contract which may be renewed at the discretion of the program director.
  - L. The residency program shall provide the resident with increasing responsibility in the

- care of patients, under the supervision of the program director, as he/she acquires skills in diagnosis and treatment of the diseases of the skin.
- M. The residency program shall provide lectures on issues pertinent to training in dermatology. These should occur on a weekly basis in a clinic or office setting, grand rounds, clinical conferences or journal club.
  - N. The residency program will ensure that residents follow the principles of academic honesty, professional decorum and medical ethics throughout the duration of training.
  - O. The residency program may allow 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 shall be provided each year, exclusive of AOCD Annual or Midyear Meetings. These rotations must be approved by the program director, and must meet the requirements of the training program and the American Osteopathic Association. The rotation template for each resident must be available for review.
  - P. Duty hours in the program must be educationally oriented. As outlined in the AOA Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and The Basic Document for Postdoctoral Training, the following duty hours must be followed during the training program
    1. The resident shall not be assigned to work physically on duty in excess of eighty- (80) hours per week averaged over a four- (4) week period, inclusive of in-house night call.
    2. The resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowances for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur, but may not exceed six- (6) hours. Residents may not assume responsibility for a new patient after working twenty-four (24) hours.
    3. The resident shall have alternate weeks forty-eight hour periods off, or at least one- (1) twenty-four (24) hour period off each week.
    4. Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
    5. All off-duty time must be totally free from assignment to clinical or educational activity.
    6. Rotations in which the resident is assigned to emergency department duty shall ensure that trainees work no longer than twelve (12) hour shifts.
    7. The resident and training institution must always remember the patient care responsibility is not precluded by the work hour policy. In cases where a trainee is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved.
    8. The resident may not be assigned to call more often than every third

- night averaged.
9. Any professional clinical activity (moonlighting) performed outside of an official residency program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the resident must be approved or disapproved by the program director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. 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 contract. .
  10. If moonlighting is permitted, all moonlighting will be inclusive of the eighty- (80) hour per week maximum work limit and must be reported.
- Q. Credit for previous training in AOA approved dermatology programs may be awarded if there is adequate documentation of the scope, volume and variety of the dermatology training program. All non-dermatology training will be reviewed on an individual basis by the Education Evaluating Committee of the American Osteopathic College of Dermatology, in accordance with the application procedures of the AOA.
- R. Any program terminated for cause may be prohibited from re-applying for up to five (5) years.
- S. Each program must allow residents to participate in the dermatopathology scholarship program, the Scripps Course scholarship program, the American Osteopathic College of Dermatology annual and midyear meetings and the American Academy of Dermatology annual meeting.
- T. There must be an affiliated dermatopathologist available to integrate clinical manifestations with gross pathology and microscopic pathology.
- U. The program shall provide educational opportunities for faculty for continuous professional development.
- V. The program director or trainer is ultimately responsible for ensuring quality patient care.

## **ARTICLE VI – FACULTY AND ADMINISTRATION**

- A. Updated faculty CV's must be kept on file in the education office and available for review.
- B. The residency program shall designate the program director as its chief trainer.
- C. The program director must have the following qualifications and responsibilities:
  1. Qualifications:

- a. Be certified in dermatology by the American Osteopathic Association through the American Osteopathic Board of Dermatology. Due to the necessity for continuing interaction with dermatology colleagues in order to keep abreast of developments within the specialty, the program director must be a member in good standing of the American Osteopathic College of Dermatology.
- b. Meet the standards of the position as formulated in the Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and The Basic Document for Postdoctoral Training Programs.
- c. Have no less than five (5) years of full-time dermatology practice experience prior to assuming the responsibilities of this position.
- d. Be qualified by aptitude and temperament to be a teacher.
- e. Be capable of teaching a broad program in basic sciences and in clinical dermatology.
- f. Present documentary evidence of personal continuing medical education.
- g. Maintain staff privileges as a dermatologic consultant at an accredited hospital to provide training and management of inpatient dermatologic cases.

2. Responsibilities:

- a. The program director's authority in directing the residency program must be defined in the program documents of the institution.
- b. The program director shall be responsible for the quality of the educational program.
- c. The program director shall be responsible for providing a comprehensive training program which meets the goals and objectives described in the program description as well as the training requirements outlined in this document.
- d. The program director shall arrange affiliation and/or outside rotations necessary to meet the program objectives.
- e. The program director shall, in cooperation with the AOA Division of Postdoctoral Training, prepare required materials for inspection.
- f. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
- g. The program director shall be required to submit quarterly evaluations to the director of medical education and administrator of the institution. Annual reports shall be submitted to the American Osteopathic College of Dermatology Education Evaluating Committee.
- h. The program director must actively participate in at least two (2) educational programs, either the annual or midyear meeting of the American Osteopathic College of Dermatology, during the three-year program of a given resident. Participation is defined as presenting two lectures, two "Great Cases from Osteopathic Institutions" or a combination of these.

- i. The program director must attend at least two Residency Directors Program meetings during the three-year residency program of a given resident. These programs will be held in conjunction with AOCD national meetings.
- j. The program director will maintain and review case reports to assist the resident in their academic evaluations throughout the training program.
- k. The program director must hold a valid state license and be a full-time, practicing specialist in the location in which training is taking place.

## ARTICLE VII - RESIDENT REQUIREMENTS

### A. Applicants for residency training in dermatology must:

- 1. Have graduated from an AOA accredited college of osteopathic medicine.
- 2. Have completed an AOA approved internship.
- 3. Be and remain a member in good standing of the AOA during training.
- 4. Be appropriately licensed in the state in which training is conducted.
- 5. Meet the selection criteria that are mandated or adopted by the training site.
- 6. Present a letter of recommendation from the medical director and/or the director of medical education at the institution where internship was completed.

### B. During the residency program, the resident must:

- 1. Comply with all rules, regulations or requirements as designated in the AOA Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for Postdoctoral Training Programs, and perform all duties accordingly.
- 2. Submit an annual report of their training to the American Osteopathic College of Dermatology at the end of each training year.
- 3. Prepare one (1) manuscript or 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. **During the residency at least once in the three (3) year time frame, the resident must submit an abstract at the annual meeting of the American Academy of Dermatology (AAD). 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 would be an individual submission, not a group project. Material derived from the work of others must be appropriately referenced. During the resident's third year of training, one of the above manuscripts or papers must be presented at the AOCD annual and/or midyear meetings.**
- 4. Utilize osteopathic therapeutics and principles on all dermatological cases that warrant these modalities or techniques.
- 5. 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), should also be documented.

6. Participate in assigned lecture programs with attending staff, residents, intern and externs.
  7. Prepare articles for journal club on a monthly basis.
  8. Complete weekly reading assignments from standardized texts in general dermatology, dermatologic surgery or dermatopathology
  9. Participate in the annual in-training examination.
  10. The resident is strongly encouraged to submit an unusual case or poster at the annual meeting of the American Osteopathic College of Dermatology or the American Academy of Dermatology.
  11. Must 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 should be performed under graduated supervision.
- C. The resident may not participate in any outside activity that interferes with the direction or goals of the training program.
- D. The resident may attend didactic courses outside of the training site. However, such courses must be approved by the program director.
- E. The resident is strongly encouraged to participate in a research endeavor during the training program.
- F. The resident is strongly encouraged to acquire candidate membership in the American Osteopathic College of Dermatology in order to contribute knowledge and expertise to the college and its active membership.

## Appendix I

### CORE COMPETENCIES OF THE OSTEOPATHIC PROFESSION

#### 1. OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

Residents are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) appropriate to the specialty. The educational goal is to train the skilled and competent osteopathic practitioner who remains dedicated to life-long learning.

- A. Apply osteopathic manipulative treatment in patient management where applicable.
  - 1. Observe and assess the resident's diagnostic skills, medical knowledge, and problem solving abilities.
- B. Integrate osteopathic concept and OMT into the medical care provided to patients as appropriate.
  - 1. Have residents assume increasing responsibility for the incorporation of osteopathic concepts in patient management/
- C. Understand and integrate osteopathic principles and philosophy into all clinical and inpatient care activities.
  - 1. Utilize caring, compassionate behavior with patients.
  - 2. Demonstrate the treatment of people rather than symptoms.

#### 2. MEDICAL KNOWLEDGE

Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine and participate in lifelong learning activities, including research with special emphasis on the specialty of dermatology.

- A. Demonstrate competency in the understanding and application of clinical medicine to patient care.
  - 1. Demonstrate through knowledge of the complex differential diagnoses and treatment options of dermatology.
  - 2. Integrate the sciences applicable in dermatology with clinical experiences.
  - 3. Attend CME programs and medical seminars.
  - 4. Participate in a directed readings program and journal club.
- B. Know and apply the foundations of clinical and behavioral medicine as appropriate to the discipline.
  - 1. Participate in research activities that critically evaluate current medical information and scientific evidence.
  - 2. Develop as a medical educator by having residents give presentations before peers, faculty and participate in the instruction of medical students.
  - 3. Routinely assess the skill and outcomes of residents in their performance of medical procedures.

### 3. **PATIENT CARE**

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

- A. Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.
  - 1. Supervise the performance of medical interviewing techniques to assess the resident skill and ability.
  - 2. Provide instruction on the development and implementation of effective patient management plans.
  - 3. Teach residents the proper methods for requesting and sequencing diagnostic tests and consultative services.
  - 4. Instill in residents the need to provide a caring attitude that is mindful of cultural sensitivities, patient apprehensions, and accuracy of information.
- B. Validate competency in the performance of diagnosis, treatment and procedures appropriate to the specialty.
  - 1. Provide instructional programs for the performance of medical procedures where appropriate.
  - 2. Instruct residents in the performance of the medical procedure, any potential complications and known risks to patient (informed consent).

### 4. **INTERPERSONAL AND COMMUNICATION SKILLS**

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationship with patients, families, and other members of health-care teams.

- A. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
  - 1. Demonstrate patient interviewing techniques.
  - 2. Demonstrate the ability to assess the health of non-English speaking and deaf patients.
  - 3. Involve patients and families in decision-making.
  - 4. Illustrate the use of appropriate verbal and nonverbal skills when communicating with patients, families and faculty.
  - 5. Demonstrate an understanding of cultural and religious issues and sensitivities in the doctor-patient relationship.
- B. Exhibit effective listening written, and oral communications skills in professional interactions with patients and healthcare professionals.
  - 1. Communicate medical problems and patient options at appropriate levels of understanding.
  - 2. Create and maintain comprehensive, timely and legible medical records.
  - 3. Demonstrate the ability to interact with healthcare practitioners, patients and families of patients in a constructive, positive and effective manner.
  - 4. Elicit medical information in effective ways.
  - 5. Demonstrate an understanding of resources available to assist with

- appropriate assessment of communication-impaired patients.
6. Work effectively with others as a member or leader of a health-care team.

## 5. PROFESSIONALISM

Residents are expected to uphold the osteopathic oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health-care professionals, lifelong learning and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

- A. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
  1. Present an honest representation of a patient's medical status and the implications of informed consent to medical treatment plans.
  2. Maintain the patient's confidentiality and demonstrate proper fulfillment of the physician's role in the doctor-patient relationship.
  3. Commitment to an appropriate and non-exploitative relationship with patients.
  4. Inform patients, accurately, of the risks associated with medical research projects, the potential consequences of treatment plans and the realities of medical errors in medicine.
- B. Demonstrate adherence to ethical principles in the practice of medicine.
  1. Understand conflicts of interest inherent in medicine and the appropriate responses to societal, community, and health-care industry pressures.
  2. Develop the principles of ethical conduct and integrity in dealing with patients and the medical community.
    - (a) Identify potential areas of conflict of interest inherent in medical practice
    - (b) Demonstrate appropriate, judicious and efficient utilization of medical therapies, procedures, and testing without consideration of personal gain
    - (c) demonstrate understanding of the implicit position of trust and authority into which patients often place their physician; recognize the ethical requirement to avoid exploitation of the trust either intentionally or unintentionally.
  3. Use limited medical resources effectively and avoid the utilization of unnecessary tests and procedures.
  4. Pursue life-long learning goals in clinical medicine, humanism, ethics, and gain insight into the understanding of patient concerns and the proper relationship with the medical industry.
- C. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
  1. Become knowledgeable and responsive to special needs and cultural origins of patients.
  2. Advocate for continuous quality of care for all patients.
  3. Prevent the discrimination of patients based on defined characteristics.
  4. Understand the legal obligations of physicians in the care of patients.

## 6. **PRACTICE BASED LEARNING AND IMPROVEMENT**

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

- A. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.
  - 1. Use reliable and current information in diagnosis and treatment.
  - 2. Understand how to use the medical library and electronically mediated resources to discover pertinent medical information.
  - 3. Demonstrate the ability to extract and apply evidence from scientific studies to patient care.
- B. Perform self-evaluations of clinical practice patterns and practice based improvement activities using a systematic methodology.
  - 1. Understand and participate in quality assurance activities at the hospital and at ambulatory sites.
  - 2. Apply the principles of evidence-based medicine in the diagnosis and treatment of patients.
  - 3. Measure the effectiveness of resident practice patterns against results obtained with other population groups in terms of effectiveness and outcomes.
- C. Understand research methods, medical informatics, and the application of technology as applied to medicine.
  - 1. Participate in research activities as required by the AOCD.
  - 2. Demonstrate computer literacy, information retrieval skills, and understanding of computer technology applied to patient care and hospital systems.
  - 3. Apply study designs and statistical methods to the appraisal of clinical studies.
- D. Promote the development of the attitude and commitment to habits of lifelong learning and scholarly pursuit in dermatology.

## 7. **SYSTEMS BASED PRACTICE**

Residents are expected to demonstrate an understanding of health-care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

- A. Understand national and local health-care delivery systems and how they impact patient care and professional practice.
  - 1. Attend instruction in matters of health-care policy and structure.
  - 2. Understand business applications in the medical practice.
  - 3. Show operational knowledge of health-care organizations, state and federal programs.
  - 4. Understand the role of the resident as a member of the health-care team in the hospital, ambulatory clinic and community.
- B. Advocate for quality health-care on behalf of patients and assist them in their interactions with the complexities of the medical system.
  - 1. Understand local medical resources available to patients for treatment

- and referral.
2. Participate in advocacy activities that enhance the quality of care provided to patients.
  3. Practice clinical decision-making in the context of cost, allocation of resources, and outcomes.