



**BASIC STANDARDS FOR
SUBSPECIALTY RESIDENCY
TRAINING IN
ADOLESCENT MEDICINE**

**American Osteopathic Association
and the
American College of Osteopathic Pediatricians
Or The
American College Of Osteopathic Family Physicians**

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**Standards for Subspecialty
Residency Training in Adolescent Medicine**

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ARTICLE I - INTRODUCTION & DEFINITION

This document provides the basic minimal requirements and standards for establishing and maintaining an osteopathic training program in the pediatric subspecialty of adolescent medicine as approved by the American Osteopathic Association (AOA) and American College of Osteopathic Pediatricians (ACOP) And The American College Of Osteopathic Family Physicians (ACOFPP). These standards are designed to provide the resident in adolescent medicine with advanced and concentrated training in that area and to prepare said resident for examination for certification of special qualifications by the AOA through the American Osteopathic Board of Pediatrics (AOBP) or American Osteopathic Board Of Family Physicians (AOBFP).

Adolescent medicine is the field of practice that generally includes a population that ranges in age from 11 to 21. However as adolescence is a developmentally based stage of life, the concept of adolescence may be expanded to encompass any individual with concerns in the physical, psychosocial or cognitive areas peculiar to adolescence. Due to the transitional nature of adolescence emphasis must be placed on the continuum from childhood to adulthood which involves the roots in the past as well as the projections into the future. In the true spirit of the osteopathic philosophy acute, chronic and preventive health care needs and problems will be studied and practiced in light of the anthropology, biochemistry, endocrinology, physiology, psychology and sociology of adolescence.

ARTICLE II - PURPOSES

The primary goal of this document will be to outline a program that will provide each subspecialty resident with properly organized, progressive responsibility in the care of the adolescent patient. This program will include but may not necessarily be limited to the following:

- A. Didactic and clinical experiences designed to equalize the base of knowledge for the diverse backgrounds of individuals interested in training in this area.
- B. Continuity of didactic and clinical experiences designed to emphasize the unique aspects of this population.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

- A. To be approved by the AOA for subspecialty resident training in adolescent medicine, an institution¹ must meet all the requirements as formulated in the Residency Training Requirements of the AOA and documents that the program meets the policies and procedures of the OPTI with which it is affiliated.
- B. The institution must provide sufficient patient volume to properly train a minimum of two subspecialty residents in adolescent medicine. There must be a sufficient number of supervised adolescent medicine patient cases to insure adequate training in the long-term medical care as well as the psychological and developmental problems peculiar to these patients. There must be sufficient volume, scope and variety to enable each subspecialty resident to receive a well-rounded experience.
- C. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in adolescent medicine. The library shall be in the charge of a qualified person who shall act as custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the subspecialty residents.
- D. The institution shall be properly equipped, have adequate facilities, be adequately staffed with nurses and paraprofessionals and be properly organized to provide quality patient care in general, and specific care in adolescent medicine.
- E. The teaching facility must be adequate to provide personal instruction at the bedside, laboratory studies, teaching rounds, conferences, seminars, demonstrations, lectures and clinical conferences.
- F. The institution shall provide a documented self-evaluation mechanism to assure sufficient appraisal of the above mentioned scope, volume, educational curriculum, faculty, subspecialty residents and quality of patient care.
- G. The institution shall execute a contract with each subspecialty resident in accordance with the Residency Training Requirements of the AOA.
- H. The institution must provide a written policy and procedure for the selection of residents. This shall include the application process, interview process and appointment process.
- I. Upon satisfactory completion of the training program, the institution shall award the subspecialty resident an appropriate certificate. The certificate shall confirm

¹Hospital, college, organization or other training facility.

the fulfillment of the program requirements, starting and completion dates of the program and the name(s) of the training institution(s) and the program director(s).

ARTICLE IV - PROGRAM REQUIREMENTS

- A. The subspecialty residency training program shall only commence after it has received the approval of the AOA's Executive Committee of the Council on Postdoctoral Training (ECCOPT).

- B. The subspecialty residency training program in adolescent medicine shall be a minimum of twenty-four (24) months in duration, with the objective of adequately preparing subspecialty residents either for a subspecialty practice in adolescent medicine or of integrating that subspecialty into a broader based practice. The subspecialty resident shall be assigned full time to the adolescent medicine service and shall be knowledgeable of the conditions and course of treatment of all patients on the service. The program shall provide the training and experience necessary to enable the subspecialty resident to accept increased responsibilities in patient care. Upon completion of the program there should be evidence that the subspecialty resident is competent in special procedures requiring skills peculiar to adolescent medicine patients.
 - 1. The general educational program shall include, but need not be limited to, the following:
 - a. Basic Principles of Adolescent Medicine.
 - i. adolescent growth & development: physical, psychosocial, cognitive, moral.
 - ii. approaching the adolescent patient: interview techniques, attitude, listening skills.
 - iii. forming a therapeutic relationship with difficult patients.
 - iv. office management: skills, consent & confidentiality, scheduling & fees, communicating with parents.
 - v. health maintenance: anticipatory guidance & education, history and physical exam components, immunization, appropriate laboratory.
 - vi. normal vital signs and laboratory values.
 - vii. vital statistics - morbidity and mortality.
 - viii. problems encountered in accessing health care.

- b. Medical concerns with specific focus on areas that relate to adolescence: anatomic, endocrine, microbiologic peculiarities of this age group and inter-relational and behavioral risk factors.
 - i. disorders of the eyes, ears, nose, throat.
 - ii. disorders of the thorax: breast disorders including gynecomastia, chest pain and galactorrhea.
 - iii. disorders of the lower respiratory tract: asthma, obstructive lung disease, tuberculosis, cystic fibrosis.
 - iv. disorders of the cardiovascular system: congenital heart disease, murmurs and arrhythmias, rheumatic fever, hypertension, mitral valve prolapse, cardiac risk factors and prevention.
 - v. disorders of the gastrointestinal system: reflux, ulcers, Crohns disease, ulcerative colitis, irritable bowel syndrome, diarrhea, GI bleeding, cirrhosis, Reyes syndrome, gall bladder disorders.
 - vi. disorders of the genitourinary system: general-hematuria, proteinuria, urinary tract infections, enuresis, male-penile disorders, scrotal problems, female-amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, vulvovaginitis, ovarian tumors, polycystic ovarian disorders, hirsutism and virilism.
 - vii. neurologic disorders: seizure disorder, syncope, headaches.
 - viii. musculoskeletal disorders: somatic dysfunction, back pain, kyphosis, scoliosis.
 - ix. orthopedic disorders: fractures, infections, tumors, arthritis and arthralgias, regional pain, TMJ dysfunction (orthodontic disorders).
 - x. disorders of growth and development: precocious puberty, delayed puberty including constitutional, short stature, tall stature.
 - xi. other endocrine/metabolic disorders: thyroid dysfunction, diabetes mellitus.

- xii. hematology/oncology disorders: anemias, leukemias, brain tumor, Hodgkins and non-Hodgkins lymphoma, rhabdomyosarcoma.
 - xiii. dermatological disorders: hair and scalp, acne, warts, scabies, tanning booths, sunburn, vascular problems.
 - xiv. infectious disease: sexually transmitted disease, HIV, hepatitis, mononucleosis, mycoplasma.
 - xv. collagen vascular disorders.
 - xvi. eating disorders: obesity, anorexia nervosa, bulimia.
 - xvii. psychological and social disorders: suicide, depression, somatization, emotional stress, learning disability (LD), attention deficit disorder (ADD), cognitive dysfunction, disorders of affect, use of psycho pharmacology
 - xviii. physical, sexual, emotional abuse or neglect.
 - xix. miscellaneous: fatigue, recurrent abdominal pain.
- c. Institutional Care
- i. outpatient health care: models, accessibility, appropriate co-ordination with other health care providers.
 - ii. inpatient health care: medical hospitalization, psychiatric hospitalization, drug/alcohol rehabilitation, rehabilitation from trauma, surgery, etc.
 - iii. juvenile detention facilities.
 - iv. school health including school based clinics.
 - v. group homes and foster care placement.
- d. Public Policy
- i. legal issues: confidentiality, consent, emancipated minor, rights and responsibilities of adolescents, parents and health care providers.
 - ii. advocacy.

- iii. interagency communication.
 - iv. community resources available to youth.
 - v. formulation of public policy.
- e. Special Considerations
- i. sexuality and related health problems: sex education, homosexuality, family planning, teen pregnancy, sexual assault.
 - ii. adolescent athlete: guidelines for exam, degree of participation, contraindications to participation, specific disorders secondary to participation.
 - iii. nutritional issues: habits, needs.
 - iv. drug/alcohol/use/abuse: prevention, diagnosis, treatment.
 - v. chronic illness: special needs, developmental concerns.
 - vi. high risk/at risk adolescent: family violence, gang phenomena, risk behaviors related to health.
2. The program shall integrate the principles and practices of osteopathic medicine into diagnosis and treatment of the adolescent patient with adolescent medicine disorders by interaction with osteopathic physicians and through undergraduate and postdoctoral training in osteopathic theory.
 3. The program must define the relationship of the subspecialty resident to the program director, the department chairperson, the director of medical education and the administration of the institution.
 4. The program shall expose the subspecialty resident to experiences requiring the development of administrative skills including those of establishing meaningful, realistic and cost effective policy. The program shall encourage the subspecialty resident to become involved in public service activities.
 5. The program shall include active involvement by the subspecialty resident in laboratory or clinical research.
- C. If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the subspecialty resident and for broadening

the scope of training. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.

- D. An ongoing document showing residents mastery of ACOP competencies must be maintained by program director (See Appendix C).

ARTICLE V - QUALIFICATIONS AND RESPONSIBILITIES OF PROGRAM DIRECTOR

A. Qualifications

1. The program director must be certified by the AOA, through the AOBP in pediatrics with certification of special qualifications in adolescent medicine or certified by the AOA through the AOBFP in family practice with certification of special qualifications in adolescent medicine.
2. The program director shall be actively engaged in the care of adolescent and young adult medicine patients and shall demonstrate:
 - a. Experience and interest in the field of medical education.
 - b. Administrative ability and sufficient expertise to implement a training program in adolescent and young adult medicine.
3. The program director must meet the standards of the position as formulated in the Residency Training Requirements of the AOA.
4. The program director must be a member in good standing of the ACOP or ACOFP and attend an ACOP or ACOFP chairmans/program directors meeting at least once every three years.

B. Responsibilities

1. The program director's authority in directing the subspecialty residency must be defined in the institution's program documents and shall include:
 - a. Scheduling rotations and subspecialty resident teaching responsibilities.
 - b. Arranging for any outside affiliations or rotations necessary to meet program standards.
 - c. Cooperating with programs conducted in interdepartmental training.

- d. Maintaining records and preparing, in cooperation with the AOA Division of Postdoctoral Training, for inspections.
2. The program director must be readily accessible to the adolescent medicine subspecialty training staff.
3. The program director shall provide the subspecialty resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program. Copies of the following documents shall be included:
 - a. An orientation program and subspecialty resident training manual.
 - b. The AOA-approved written program in pediatric or family practice adolescent medicine.
 - c. The AOA-approved written program in adolescent medicine of the institution.
 - d. The bylaws, rules and regulations of the medical staff, department of pediatrics and the section of adolescent of the institution.
 - e. The AOA Code of Ethics.
 - f. A guided study program.
4. The program director shall be responsible to the subspecialty resident(s) for:
 - a. Coordinating the coverage schedules.
 - b. Submitting annual training reports to the ACOP or ACOFP.
 - c. Overseeing each subspecialty resident's logs and any reports required by the AOA.
 - d. Supervising preparation of the annual manuscript in accordance with established standards.
 - e. Conducting and reviewing the quarterly performance evaluations on each subspecialty resident. The subspecialty resident shall be evaluated on clinical knowledge, skills, experience and attitude. The evaluation system must include a written review and must be made available to the AOA inspector for review.
 - f. Developing and supervising journal clubs, conferences and lectures as may be part of the program.

ARTICLE VI - RESIDENT REQUIREMENTS

- A. Applicants for subspecialty resident training in adolescent medicine must:
1. Have graduated from an AOA-approved college of osteopathic medicine.
 2. Have satisfactorily completed an AOA-approved internship.
 3. Be and remain members of the AOA, ACOP or ACOFP during subspecialty residency training.
 4. Have satisfactorily completed an AOA-approved residency program in either pediatrics or family practice.
 5. Be licensed in the state in which training is conducted.
- B. During the training program the subspecialty resident must:
1. Submit an annual report to the ACOP or ACOFP. The subspecialty resident shall keep accurate and concurrent records of the following:
 - a. Educational postgraduate conferences attended in the institution, including a journal club in adolescent medicine.
 - b. Institution training services and a written evaluation of each service, documented by the medico-administrative head of that service.
 - c. Educational postgraduate work taken outside the base training institution, listing the dates, location, subjects and speakers.
 - d. Assigned cases on the adolescent medicine service, including the patient record number, date of discharge, primary diagnosis, significant secondary diagnosis and procedures performed, age of patient.
 - e. Autopsies attended, case number, cause of death, date of death.
 - f. Procedures performed under supervision or independently.
 - g. Consultations performed by the service in which the subspecialty resident was involved, including the patient numbers, dates of consultations and primary diagnoses.

2. Must do scientific research and scholarly writing as deemed necessary and appropriate by the program director.
3. Teach and direct pediatric, family practice and other appropriate residents, interns and students inpatient care.
4. Participate with the attending physicians in teaching responsibilities and patient care rounds and in the total care of ambulatory adolescent medicine patients.
5. Participate in meetings that relate to the adolescent medicine service, the department of pediatrics or family practice and medical staff as recommended by the program director.
6. Participate in a comprehensive study program consisting of textbook and reference materials, courses and other formal training modalities structured to develop didactic knowledge in the field of adolescent medicine. Regular review and testing of the subspecialty resident must be documented, including oral/written and practical examinations.
7. Submit to the program director and appropriate administrative officer regular evaluations of the service in terms of supervision, educational experience, facilities and equipment, including evaluation of the attending adolescent medicine with regard to his/her contribution to the subspecialty resident's education.
8. Review current literature and prepare abstracts as they relate to patients on the adolescent medicine service.

APPENDIX A

WORK HOURS AND SUPERVISION POLICIES

It is recognized that excessive numbers of hours worked by resident physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, director of medical education (DME) and residency program director must maintain a high degree of sensitivity to the physical and mental well being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation.

A. Work Hours

1. The following work hours policy will apply to all residents in all specialties.
 - A. The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged for each month, inclusive of night call.
 - B. The resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after twenty-four (24) hours.
 - C. If moonlighting is permitted in the same institution as contracted for residency, the eighty (80) hour per week limit and moonlighting shall be inclusive.
 - D. The resident shall have alternate forty-eight (48) hour weekends (Saturday and Sunday) off or at least one (1) twenty-four (24) hour period off each weekend (Saturday or Sunday).
 - E. 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.
 - F. Those rotations requiring the resident to be assigned to emergency department duty shall not be assigned longer than twelve (12) hour shifts.
 - G. The resident and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.

H. The resident may not be assigned to call more often than every third night.

2. The training institution shall provide an on-call room for residents, which is clean, quiet and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

B. Supervision Of Residents

1. The residency is an educational experience and must be designed by the institution to offer structured and supervised exposure to promote learning rather than service. An opportunity must exist for residents to be supervised and evaluated throughout their training with availability of teaching staff scheduled within the program. During daytime hours, residents will be responsible to attending physicians for assignment, of responsibility.

APPENDIX B

MODEL HOSPITAL POLICY ON ACADEMIC AND DISCIPLINARY DISMISSALS

In July, 1993, the Board of Trustees of the American Osteopathic Association adopted the following policy:

The hospital and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the hospital and department will inform trainees, orally and in writing, of inadequacies and their effects on academic standing. The trainee will be provided a specified period in which to implement specified actions required to resolve academic deficiencies. Following this period, if academic deficiencies persist, the trainee may be placed on probation for a period of three (3) to six (6) months. The trainee may be dismissed following this period, if deficiencies remain and are judged to be unremediable. In accordance with institutional policy, the trainee will be provided an opportunity to meet with evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judged unremediable, the hospital and department will provide the trainee with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the trainee's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds which are not supported by substantial evidence. The department and/or hospital intern training committee, or house staff education committee, or other appropriate committees will act as the disciplinary authority. Trainees may be allowed counsel at hearings concerning disciplinary issues. Pending proceedings on such disciplinary action, the hospital in its sole discretion may suspend the trainee, when it is believed that such suspension is in the best interests of the hospital or of patient care.

APPENDIX C

Core Competency # 1: Osteopathic Philosophy And OMT

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

1) Demonstrate competency in the understanding and application of OMT appropriate to pediatrics.

Suggested Educational Content/Topics To Achieve Compliance

- Provide active training opportunities for OMT in both hospital and ambulatory settings.
- Teach residents to perform a critical appraisal of medical literature related to OMT.
- Observe and credential residents in the performance of OMT by assessing their diagnostic skills, medical knowledge, and problem-solving abilities.

2) Integrate osteopathic concepts and OMT into the medical care provided to patients as appropriate.

Suggested Educational Content/Topics To Achieve Compliance

- Have residents assume increasing responsibility for the incorporation of osteopathic concepts in patient management.
- Participate in activities that provide educational programs at the student and intern levels.
- Participate in CME programs provided by the specialty colleges or other AOA organizations

3) Understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

Suggested Educational Content/Topics To Achieve Compliance:

- Utilize caring, compassionate behavior with patients.
- Demonstrate always the treatment of people rather than symptoms.
- Demonstrate understanding of somato-visceral relationships and the role of the musculoskeletal system in disease.

- Demonstrate listening skills in interaction with patients.
- Knowledge of and behavior in accordance with the osteopathic oath and AOA code of ethics.

Suggested Methods For Evaluation

1. Direct Observation
2. Global Rating (360 Degree)
3. Standardized Patient
4. Peer Review
5. Simulations And Models
6. Procedures Or Case Logs
7. OSCE

Core Competency # 2: Medical Knowledge

Pediatric residents are expected to demonstrate and apply knowledge of accepted standards of clinical pediatrics, remain current with new developments in pediatrics, and participate in life-long learning activities, including research.

1) Demonstrate competency in the understanding and application of clinical pediatrics to patient care.

Suggested Educational Content/Topics To Achieve Compliance

- Performance On COMLEX-USA Level 3 And In-Service Examinations.
- Supervised Observation Of The Clinical Decision-Making Abilities Of Pediatric Residents.
- Seminars Or CME.
- Participation In A Directed Readings Program And Journal Club.
- Periodic Assessment Of Resident Critical Thinking And Problem-Solving Abilities.

2) Know and apply the foundations of clinical and behavioral pediatrics.

Suggested Educational Content/Topics To Achieve Compliance

- Participate in activities that critically evaluate medical information and scientific evidence.
- Develop as a medical educator by giving presentations before peers, faculty, and participating in the instruction of medical students and other professionals.
- Routinely assess the skill and outcomes of residents in their performance of medical procedures.
- Programmatic education in life long learning.

Suggested Methods For Evaluation

1. Chart Stimulated Recall Oral Examinations (CSR)
2. Simulations And Models
3. Ratings From Patients, Staff, Supervisors And Professionals (360 Degrees)
4. Oral Examinations
5. Written Examinations
6. Direct Observation

Core Competency # 3: Patient Care

Pediatric 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.

1) Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.

Suggested Educational Content/Topics To Achieve Compliance

- Supervise the performance of medical interviewing techniques.
- Provide instruction on developing and implementing of effective patient management plans.
- Teach proper methods for requesting and sequencing diagnostic tests and consultative services.
- Instill the need to provide a caring attitude that is mindful of cultural sensitivities, patient apprehensions, and accuracy of information.

2) Validate competency in the performance of diagnosis, treatments and appropriate procedures.

Suggested Educational Content/Topics To Achieve Compliance

- Provide instructional programs for the performance of medical procedures where appropriate.
- Develop a credentialing program for pediatric residents to validate their procedural competency.
- Instruct residents the performance of procedures, including any potential complications and known risks to the patient (informed consent).

3) Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

Suggested Educational Content/Topics To Achieve Compliance

- Counsel patients and families on health promotion and lifestyle activities related to good health maintenance.
- Refer patients to not-for-profit and community service organizations that support health promotion and behavioral modification programs.
- Work with professionals from varied disciplines as a team to provide effective medical care to patients that address their diverse healthcare needs.

Suggested Methods For Evaluation

1. Checklists
2. Simulations And Models
3. Patient Surveys
4. OSCE
5. Standardized Patient
6. Procedure Or Case Logs
7. Oral Examination
8. Record Review
9. Ratings From Patients, Staff, Supervisors And Professionals (360 Degrees)

Core Competency # 4: Interpersonal And Communication Skills

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

1) Demonstrate effectiveness in developing appropriate doctor-patient relationships.

Suggested Educational Content/Topics To Achieve Compliance

- Interviewing Techniques
- Health Assessment Of Non-English-Speaking And Deaf Patients
- Involvement Of Patients And Families In Decision-Making
- Appropriate Verbal And Non-Verbal Skills
- Understanding Of Cultural And Religious Issues And Sensitivities In The Doctor-Patient Relationship

2) Exhibit effective listening, written and oral communication skills in professional interactions with patients and health professionals.

Suggested Educational Content/Topics To Achieve Compliance

- Communicating medical problems and patient options at appropriate levels of understanding
- Maintain comprehensive, timely, and legible medical records
- Respectful interactions with health practitioners, patients, and families of patients

- Eliciting medical information in effective ways
- Work effectively with others as a member or leader of a healthcare team

Suggested Methods For Evaluation

1. Standardized Patients
2. OSCE
3. Ratings From Patients, Staff, Supervisors And Professionals (360 Degrees)
4. Patient Surveys
5. Checklist
6. Case/Chart Review
7. Videotaping

Core Competency # 5: Professionalism

Pediatric 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 professionals, life-long learning, and sensitivity to a diverse patient population. Pediatric residents should be cognizant of their own physical and mental health in order to effectively care for patients.

1) demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.

Suggested Educational Content/Topics To Achieve Compliance

- Honest representation of patient's medical status and the implications of informed consent.
- Maintenance of patient confidentiality and proper fulfillment of doctor-patient relationship
- 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.
- Treat the terminally ill with compassion in the management of pain, palliative care, and preparation for death
- Course/program participation (e.g. Compliance, end of life, etc)

2) Adhere to ethical principles in the practice of pediatrics.

Suggested Educational Content/Topics To Achieve Compliance

- Understand conflicts of interest inherent in medicine and the appropriate responses to societal, community, and healthcare industry pressures.
- Use medical resources effectively and avoid the utilization of unnecessary tests and procedures.

- Recognize the inherent vulnerability and trust accorded by patients (and families) to physicians and uphold moral principles that avoid exploitation for sexual, financial, or other private gain.
- 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.

3) Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

Suggested Educational Content/Topics To Achieve Compliance

- Become knowledgeable and responsive to the special needs and cultural origins of patients.
- Advocate for continuous quality of care for all patients.
- Prevent the discrimination of patients based on defined characteristics.
- Understand the legal obligations of physicians in the care of patients.

Suggested Methods Of Evaluation

1. Standardized Patients
2. OSCE
3. Ratings From Patients, Staff, Supervisors And Professionals (360 Degrees)
4. Patient Surveys
5. Checklist
6. Lectures/Seminars
7. Competency Cards
8. Sensitivity Seminars/Programs
9. Videotaping

Core Competency # 6: Practice-Based Learning And Improvement

Pediatric 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.

1) Treat patients with the most current information on diagnostic and therapeutic effectiveness.

Suggested Educational Content/Topics To Achieve Compliance

- Use reliable and current information in diagnosis and treatment.
- Understand how to use the medical library and electronically mediated resources.
- Demonstrate the ability to extract and apply evidence from scientific studies to patient care.

2) Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.

Suggested Educational Content/Topics To Achieve Compliance

- Understand and participate in quality assurance activities at the hospital and at ambulatory sites.
- Apply the principles of evidence-based medicine in the diagnosis and treatment of patients.
- Measure the effectiveness of resident practice patterns against results obtained with other population groups in terms of effectiveness and outcomes.

3) Understand research methods, medical informatics, and the application of technology as applied to medicine.

Suggested Educational Content/Topics To Achieve Compliance

- Participate in research activities and/or scholarly activities as required by the ACOP.
- Demonstrate computer literacy, information retrieval skills, and an understanding of computer technology applied to patient care and hospital systems.
- Apply study designs and statistical methods to the appraisal of clinical studies.

Suggested Methods For Evaluation

1. Written Examinations
2. OSCE
3. Chart Stimulated Oral Examinations (CSR)
4. Standardized Patients
5. Record Reviews
6. Self Study
7. Procedure Or Case Logs
8. Resident Initiated Research

Core Competency # 7: Systems-Based Practice

Pediatric 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.

1) Understand national and local health care delivery systems and how they impact on patient care and professional practice.

Suggested Educational Content/Topics To Achieve Compliance

- Instruction in health policy and structure

- Understand business applications in a medical practice
- Show operational knowledge of health care organizations, state and federal programs
- Understand the role of the resident as member of the health care team in the hospital, ambulatory clinic, and community.
- Guest lectures/seminars with policy makers

2) Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system

Suggested Educational Content/Topics To Achieve Compliance

- Understand local medical resources available to patients for treatment and referral
- Participate in advocacy activities that enhance the quality of care provided to patients
- Practice clinical decision-making in the context of cost, allocation of resources, and outcomes.

Suggested Methods For Evaluation

1. OSCE
2. Ratings From Patients, Staff, Supervisors And Professionals (360 Degrees)
3. Chart Stimulated Recall (CSR)
4. Oral Exams
5. Seminars
6. Record Review
7. Patient Surveys
8. Checklist