



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

**American Osteopathic Association  
and the  
American College of Osteopathic Pediatricians**

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**Basic Requirements for Approval of  
Subspecialty Training in Neonatal Medicine**

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## **A. INTRODUCTION AND DEFINITION**

1. This document provides the basic minimal requirements and standards for establishing and maintaining an osteopathic training program in the pediatric subspecialty of neonatal medicine.
2. Neonatal medicine is the field of pediatrics that diagnoses and treats disorders of the high-risk newborn.

Neonatal medicine shall include the maternal-fetal period as it relates to the newborn, the perinatal period as it relates to the newborn, and the postpartum period as it relates to the newborn. The postpartum period shall include the first twenty-eight (28) days of life or discharge from the nursery, whichever comes first.

3. This document also serves as a guide for hospital development of an AOA-approved program in neonatal medicine. The following requirements specifically and satisfactorily address each issue that must be functioning components of a recognized program in this subspecialty.

## **B. EDUCATIONAL PROGRAM**

1. Goals and objectives of the program.
  - a. The primary goal of the program shall be to provide each resident with properly organized progressive responsibility in the care of the critically ill newborn and infant.
    - (1) This program shall provide continuity of didactic and clinical experiences.
    - (2) The program shall be accomplished under the supervision of qualified and certified neonatologists who are themselves responsible for the care of neonatal patients.
  - b. The objective of the program is to adequately prepare osteopathic residents for subspecialty practice of neonatal medicine.
    - (1) The program shall be designed to meet the basic requirements for certification in neonatal medicine by the American Osteopathic Association (AOA) through the American Osteopathic Board of Pediatrics (AOBP).
  - c. The program shall integrate the principles and practices of osteopathic medicine into diagnosis and treatment of the neonate, by interaction with osteopathic physicians, and through undergraduate and postdoctoral training in osteopathic theory.

- d. Formal education shall be guided and structured in written guidelines that shall be provided by the program director for the resident.
- e. Active involvement in laboratory or clinical research is required.

## 2. Program Requirements

- a. The program shall be a minimum of thirty-six (36) months.
- b. The program description shall include training objectives that must be attained by each resident before training is considered complete. Twelve (12) months should be dedicated to clinical and/or laboratory research in areas that relate to the care of the newborn.
- c. A hospital with an AOA-approved neonatal residency program shall meet the rules and regulations of the AOA for resident training. The hospital shall be properly equipped, have adequate facilities, be adequately staffed with nurses and para-professionals and be properly organized to provide quality patient care in general and specific care in neonatology.
  - (1) The neonatal service in the hospital must be of sufficient volume, scope and diversity to enable a resident to receive a well-rounded experience.
  - (2) If necessary, the program must provide suitable arrangements for training through affiliation agreements to insure the complete education of the resident.
  - (3) The neonatal caseload must be sufficient to allow for prospective clinical research.
- d. An ongoing document showing residents mastery of ACOP competencies must be maintained by program director (SEE APPENDIX III).

## 3. Hospital Requirements

- a. The hospital must provide:
  - (1) A sufficient number of supervised medical neonatal intensive care cases annually to insure proficiency and competency in care and management. This shall include transportation of the critical newborn.

- (2) A sufficient number of supervised medical neonatal cases to insure adequate training in the long-term growth and development problems peculiar to high-risk neonates.
  - (3) Adequate postdoctoral training opportunities in basic sciences related to neonatal medicine.
  - (4) An AOA board certified neonatologist to serve as program director.
  - (5) A medical library with a satisfactory number of books, reference texts and periodicals devoted to neonatology.
- b. The program shall limit outside rotations to those standards approved by the AOA.
  - c. The teaching shall emphasize personal instruction at the bedside, laboratory studies, teaching rounds, conferences and seminars, demonstrations and lectures, and clinical conferences.
  - d. The basic science training appropriate to the subspecialty shall be integrated into the program. These basic sciences shall include anatomy, bacteriology, biochemistry, pathology, pharmacology, immunology, parasitology, physiology, statistics, research design and such other sciences as are necessary to insure a comprehensive understanding of the prevention, diagnosis, therapy and management of neonatal patients.
  - e. The program must define the resident's responsibilities, which shall include:
    - (1) Licensure requirements.
    - (2) The relationship of the neonatal resident to the program director the department chairman, the director of medical education, and the administration of the hospital.
  - f. An ongoing document showing residents mastery of ACOP competencies must be maintained by program director (SEE APPENDIX F).
4. Resident Responsibilities
    - a. The resident shall be assigned to full-time neonatal service, however the program director may approve rotations for broadening the scope of neonatal training.

- b. The resident should progress through training, knowledge, skills and experience to accept increased responsibilities in patient care.
- c. The resident shall prepare one (1) manuscript per year in cooperation with, and approved by the program director which meets the standards established by the AOBP.
- d. Research activities should result in manuscripts of sufficient scope and depth to be submitted for publication to a peer review journal.
- e. The resident shall participate in the care of all assigned patients on the neonatal medicine service and be knowledgeable of the condition and course of all patients on the service.
- f. The resident shall teach and direct pediatric residents, interns and students in patient care.
- g. The resident shall participate with the attending physicians in teaching responsibilities and patient care rounds.
- h. The resident shall participate in the clinical aspects of ambulatory neonatal medicine, particularly with respect to genetics, high-risk obstetrics, and the growth and development of high-risk obstetrics, and the growth and development of high-risk neonatal patients.
- i. The resident shall receive integrated training and experience in pathology, including autopsies performed on neonates, and radiology, including basic interpretation of neonatal diseases as evidenced in radiographic studies.
- j. The resident shall participate in the hospital's quality assurance program of the neonatal service. The program shall include, but not be limited to, the review and summarization of all perinatal mortality and morbidity.
- k. The resident shall participate in meetings that relate to the neonatal service, the department of pediatrics, and the medical staff.
- l. The resident shall 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 neonatology. Regular review and testing of the resident must be documented, including oral/written and practical examinations.
- m. The resident shall keep accurate and concurrent records of the following:

- (1) Educational postgraduate conferences attended in the hospital, including a journal club in neonatology.
  - (2) All in-hospital services, and a written evaluation of each service shall be required and documented by the medico-administrative head of that service.
  - (3) All educational postgraduate work taken outside the base hospital training program listing the dates, location, subjects and speakers.
  - (4) A log of all assigned cases on the neonatal medicine service, including the patient record number, date of discharge, primary diagnoses, significant secondary diagnoses and procedures performed, age of the patient.
  - (5) All autopsies attended, case number, cause of death, dates of death.
  - (6) All procedures performed either under supervision, or independently.
  - (7) All consultations performed by the service in which the neonatal resident was involved, including the patient numbers, dates of consultation and primary diagnoses.
- n. The resident shall be regularly evaluated on clinical knowledge, skills, experience, and attitude. The evaluation system must include a written review by both the resident and the program director and must be made available to the AOA inspector for review.
- o. The resident shall submit to the program director and appropriate administrative officer, regular evaluations of the service in terms of supervision, educational experience, facilities and equipment, and include evaluation of the attending neonatologists with regard to his/her contribution to the resident's education.
- p. Upon completion of the program, there shall be evidence that the resident is competent in special procedures requiring skills peculiar to neonatal medicine, including lumbar punctures, subdural taps, exchange transfusions, peripheral, venous and arterial cut-downs, laryngoscopic examinations and intubations, umbilical artery and vein catheterizations, use of infant respirators and other respiratory equipment, technical and interpretative skills in monitoring equipment and ultrasonography with regard to neonatal medicine, insertion of chest tubes, performance of supra-pubic bladder taps and those other psycho-motor skills deemed desirable to the subspecialty of neonatal medicine. There shall be evidence that the

resident is competent in attending high risk deliveries and skilled in the resuscitation of the newborn. It is recommended that the resident achieve certifications as an instructor in the neonatal resuscitation program (NRP).

- q. The resident shall review current literature and prepare abstracts as they relate to patients on the neonatal service.
- r. The resident shall participate in a program that embellishes osteopathic concepts and principles as they pertain to the normal newborn and the discipline of neonatology.

### **C. HOSPITAL REQUIREMENTS**

- 1. The hospital must be AOA-approved for intern and residency training by the AOA.
- 2. There should be an adequate number of trainers to supervise the approved number of residents.
- 3. The resident shall receive an appropriate certificate awarded by the hospital upon satisfactory conclusion of the training program. The certificate shall confirm the fulfillment of the program requirements, duration and completion date of the program director(s).

### **D. PROGRAM DIRECTOR**

- 1. The program director shall be board certified in pediatrics and neonatology by the AOA, through the AOBP.
- 2. The program director must be readily accessible to the neonatal resident staff.
- 3. The hospital must define the program director's authority and responsibilities in directing the residency. This shall include definition of the following responsibilities:
  - a. Arranging for outside affiliations and rotations.
  - b. Scheduling of rotations and resident teaching responsibilities.
  - c. Cooperation and participation in interdepartmental training.
  - d. Maintaining records and preparing for AOA inspections.



4. The program director is responsible to the resident(s) for:
  - a. Coordinating the coverage schedules.
  - b. Submission of annual training reports to the AOA.
  - c. Providing an orientation program and resident manual.
  - d. Providing a copy of the AOA requirements for approved intern and residency training.
  - e. Providing a copy of the AOA requirements for an approved program in subspecialty training in neonatal medicine.
  - f. Providing an approved written program in osteopathic neonatal medicine for that hospital.
  - g. Providing a copy of the bylaws, rules and regulations of the medical staff, department of pediatrics, and section of neonatal medicine.
  - h. Providing a copy of the AOA Code of Ethics.
  - i. Providing a guided study program.
  - j. Overseeing the neonatal resident's logs.
  - k. Overseeing reports required by the AOA.
  - l. Supervising preparation of the annual manuscript in accordance with standards established by the AOBP.
  - m. Conducting and reviewing the quarterly performance evaluation on each neonatal resident.
  - n. The hospital and neonatology program must provide a written policy and procedure for the selection of residents. This shall include an application process, interview process and appointment process.
  - o. Developing and conducting the journal clubs, conferences, and lectures as may be part of the program.
5. The program director must be a member in good standing of the ACOP and attend an ACOP chairmans/program directors meeting at least once every three years.

**E. THE RESIDENT**

1. To be eligible a candidate must:
  - a. be a graduate of an AOA approved college of osteopathic medicine.
  - b. have complete D an AOA-approved internship.
  - c. have complete D an AOA-approved pediatric residency training program.
  - D. be and remain a member of the AOA and ACOP during residency training.
  - E. be licensed in the state which is conducting training.

## 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 that 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 non-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