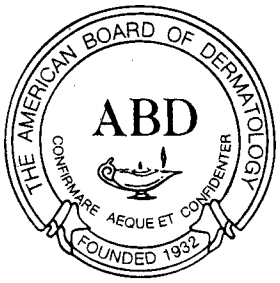
The Dermatology Program Director is requested to complete this third (or final) year report one month PRIOR to the end of the resident's final year of dermatology residency training. Please forward to:

American Board of Dermatology Henry Ford Health System
One Ford Place
Detroit, Michigan 48202-3450



THE AMERICAN BOARD OF DERMATOLOGY, INC.

EVALUATION OF GRADUATE TRAINEE FOR THIRD OR FINAL YEAR OF DERMATOLOGY RESIDENCY TRAINING

1. RESIDENT'S NAME_____
2. TRAINING INSTITUTION_____
3. RESIDENCY PROGRAM DIRECTOR_____
4. REPORT IS FOR PERIOD STARTING_____ENDING _____
5. DATE REPORT SUBMITTED_____

THIS FORM MUST BE SIGNED ON THE LAST PAGE BY BOTH THE TRAINEE AND THE TRAINING DIRECTOR

This evaluation form has been modified to reflect the core competencies proposed by the ACGME and the ABMS.

SECTION I:

Please rate the resident on the following competencies by placing either a check mark in column one or a numerical value in columns 2, 3, or 4.

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

	Not Observed Not Applicable	Unsatisfactory (1,2,3)	Satisfactory (4,5,6)	Superior (7,8,9)
1. Clinical judgment in patient management	_____	_____	_____	_____
2. Problem solving ability	_____	_____	_____	_____
3. Compassion and courtesy in care of patients	_____	_____	_____	_____
4. History taking and physical examination skill	_____	_____	_____	_____
5. Communication skills in patient care	_____	_____	_____	_____
6. Medical record keeping skills	_____	_____	_____	_____
7. Dermatologic surgical and procedural skills	_____	_____	_____	_____
8. Communication skills with other physicians	_____	_____	_____	_____

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

1. Basic science	_____	_____	_____	_____
2. Clinical dermatology	_____	_____	_____	_____
3. Medical dermatological therapy	_____	_____	_____	_____
4. Surgical dermatological therapy	_____	_____	_____	_____
5. Dermatopathology	_____	_____	_____	_____

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

1. Knowledge and management of adverse events	_____	_____	_____	_____
2. Maintains appropriate records documenting practice activities (such as patient logs)	_____	_____	_____	_____
3. Understands principles of disease prevention	_____	_____	_____	_____
4. Understands diseases in the local population	_____	_____	_____	_____
5. Demonstrates skills of self-learning	_____	_____	_____	_____
6. Able to find and assess best-evidence for clinical decision making	_____	_____	_____	_____

Procedural Dermatology

Please rate the candidate's knowledge and skills with regard to the following:

	Not Observed Not Applicable	Unsatisfactory (1,2,3)	Satisfactory (4,5,6)	Superior (7,8,9)
1. Cryosurgery	_____	_____	_____	_____
2. Electrosurgery	_____	_____	_____	_____
3. Excision surgery: a. simple closures	_____	_____	_____	_____
b. layered, complex closures	_____	_____	_____	_____
4. Nail surgery	_____	_____	_____	_____
5. Skin flaps and grafts	_____	_____	_____	_____
6. Laser surgery	_____	_____	_____	_____
7. Ultraviolet light therapy	_____	_____	_____	_____
8. PUVA therapy	_____	_____	_____	_____
9. Patch-testing	_____	_____	_____	_____
10. Phototesting	_____	_____	_____	_____
11. Wound care	_____	_____	_____	_____

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates.

1. Counsel and educate patients and families	_____	_____	_____	_____
2. Function as team member/leader	_____	_____	_____	_____
3. Quality of verbal presentations	_____	_____	_____	_____

Professionalism

Residents must demonstrate professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

1. Leadership	_____	_____	_____	_____
2. Ethical conduct	_____	_____	_____	_____
3. Relationship with colleagues	_____	_____	_____	_____
4. Emotional maturity	_____	_____	_____	_____
5. Dependability	_____	_____	_____	_____
6. Cooperation	_____	_____	_____	_____
7. Acceptance of responsibility	_____	_____	_____	_____
8. Response to criticism	_____	_____	_____	_____
9. Initiative	_____	_____	_____	_____
10. Availability and punctuality	_____	_____	_____	_____
11. Professional appearance	_____	_____	_____	_____
12. Teaching ability	_____	_____	_____	_____
13. Sensitivity to culture, age, gender, and disability issues	_____	_____	_____	_____

Systems-Based Practice

Residents must demonstrate an awareness and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

	Not Observed Not Applicable	Unsatisfactory (1,2,3)	Satisfactory (4,5,6)	Superior (7,8,9)
1. Practice cost-effective care without compromising quality (value)	_____	_____	_____	_____
2. Knows how different practice systems function to deliver care	_____	_____	_____	_____
3. Uses allied health professionals as part of team	_____	_____	_____	_____
4. Obtains and provides appropriate consultation	_____	_____	_____	_____
5. Participates in hospital and university committees	_____	_____	_____	_____

SECTION II

1.Has the resident participated in clinical research? Yes _____ No _____

2.Has the resident participated in laboratory research? Yes _____ No _____

3.Have career plans been discussed with resident? Yes _____ No _____

List below papers, presentations, abstracts, and/or posters (attach additional sheets if necessary).

_____

_____

_____

SECTION III

HAS THERE EVER BEEN ANY EVIDENCE OF CHEMICAL DEPENDENCY OR ALCOHOL ABUSE?

Yes* ☐ No ☐

*If there has been such evidence, please outline the steps that have been implemented to deal with the problem.

_____

_____

_____

How many weeks of vacation did the resident have in:

Year one _____ Year two _____ Year three _____

Has the resident spent any time away from full-time participation in the training program beyond time routinely allowed all trainees for vacation or attendance at educational meetings?

Yes* ☐ No ☐ If yes: How many weeks?

What steps were taken to assure that this absence did not interfere with acquisition of needed experience and knowledge?

_____

_____

_____

SECTION IV

TRAINING:

%OF TOTAL TRAINING TIME FOR THE 3RD YEAR

1. Patient care (including clinical conferences, during which patients are examined, and inpatient rounds) _____
2. Other conferences and teaching activities (exclusive of dermatopathology) _____
3. Dermatopathology _____
4. Dermatologic surgery _____
5. Basic and clinical research _____

Approximately 75% of the time spent in each year of dermatology residency must involve participation in the care of dermatologic outpatients and inpatients (including time in dermatopathology). The Board recognizes the importance of basic and clinical investigation in the educational experience of trainees. Accordingly, all residents are encouraged to participate in research during their training.

PERFORMANCE RATING:

THE RESIDENTS PERFORMANCE DURING HIS/HER THIRD YEAR OF TRAINING WAS:

☐ Satisfactory

☐ Unsatisfactory

N.B. - In order for a candidate to take the certifying examination, the training director must certify that each year of training was completed in a satisfactory manner. **If a resident's performance is rated as unsatisfactory, the resident will not receive credit for that year of training and will not be eligible to take the certifying examination of the American Board of Dermatology**. The nature (type and duration) of any remedial training, including repetition of the entire year, which may be required for a trainee whose performance has been rated unsatisfactory, is the decision of the training director.

COMMENTS:

_____

_____

_____

ALL SECTIONS OF THIS 3RD AND FINAL EVALUATION REPORT MUST BE COMPLETED BY THE TRAINING DIRECTOR OR BY HIS/HER DESIGNATE, AND MUST BE REVIEWED BY THE RESIDENT.

I HAVE REVIEWED THIS REPORT:

Signature of Resident _____ Date _____

Signature of Residency Program Director _____ Date _____

VERIFICATION OF SATISFACTORY COMPLETION OF TRAINING:

This is to confirm that _____ has satisfactorily completed the prescribed residency training in dermatology.
(resident's name)

Signature of Residency Program Director _____ Date _____