

The American Board of Dermatology Pediatric Dermatology Fellowship Evaluation Form

Candidate Name _____

Name of Fellowship Institution _____

Period of Training: from _____ to _____

I. DEPENDABILITY AND COMMITMENT:

Carries out all duties with dispatch and thoroughness; prompt and well-prepared for conferences and teaching assignments; assumes delegated responsibility; keeps abreast of knowledge; available when needed; dedicated to work; demonstrates emotional stability in critical situations.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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II. COMMUNICATION:

Communicates well with attending staff and support personnel; notes are concise, accurate and timely; expresses ideas and position clearly in conferences and to the staff; is objective and frank in communications; concise, clear teaching; objective in research and patient care reports. Has an appreciation of current approaches to data processing and telecommunications in clinics and hospitals.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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III. FUND OF KNOWLEDGE:

Has a large body of relevant information in pediatrics, dermatology, pathology, surgery and general medicine; possesses both theoretical and practical knowledge; has knowledge of current journals and books.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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IV. PROBLEM SOLVING AND THOUGHT PROCESSES:

Flexible thinker; receptive to new ideas; applies knowledge and common sense to everyday clinical activities; consults appropriately in complicated problems; keeps thorough records; skilled in clinical interpretations and diagnoses.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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V. LABORATORY SKILLS:

Can perform all clinical procedures expected of a trained pediatric dermatologist; well acquainted with all laboratory tests and their interpretation.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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VI. SCHOLARLY ACTIVITIES:

Participates actively in research; capable of independent research; has knowledge of basic and clinical research; capable of assessment and statistical analysis of own and published research; knowledge of special research techniques; ability to prepare research proposal; objectivity in research activities; ability to objectively record results and prepare manuscript.

UNACCEPTABLE

ACCEPTABLE

Unsatisfactory

Satisfactory

Superior

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VII. CLINICAL ABILITIES:

General knowledge of clinical medicine; clinicopathologic correlative abilities; clinical problem-solving abilities; understanding attitude toward patients; effective as a consultant.

<u>UNACCEPTABLE</u>			<u>ACCEPTABLE</u>					
<u>Unsatisfactory</u>			<u>Satisfactory</u>			<u>Superior</u>		
1	2	3	4	5	6	7	8	9

VIII. INTERPERSONAL SKILLS AND RELATIONSHIPS:

Has good interpersonal relationships with staff; gives clearly defined orders and administrative directives. Relates well to professional colleagues at all levels and also to staff and students. Accepts constructive criticism well.

<u>UNACCEPTABLE</u>			<u>ACCEPTABLE</u>					
<u>Unsatisfactory</u>			<u>Satisfactory</u>			<u>Superior</u>		
1	2	3	4	5	6	7	8	9

IX. ETHICAL CONDUCT:

Maintains a high standard of ethical behavior. Personal and financial considerations do not intrude on medical judgments and decisions. Sets high standards for those with whom he/she relates.

<u>UNACCEPTABLE</u>			<u>ACCEPTABLE</u>					
<u>Unsatisfactory</u>			<u>Satisfactory</u>			<u>Superior</u>		
1	2	3	4	5	6	7	8	9

X. EDUCATIONAL SKILLS:

Committed to the dissemination of knowledge to colleagues and peers.

<u>UNACCEPTABLE</u>						<u>ACCEPTABLE</u>		
<u>Unsatisfactory</u>			<u>Satisfactory</u>			<u>Superior</u>		
1	2	3	4	5	6	7	8	9

XI. LEADERSHIP:

Takes initiative; accepts and assumes responsibility; sets example for others.

<u>UNACCEPTABLE</u>						<u>ACCEPTABLE</u>		
<u>Unsatisfactory</u>			<u>Satisfactory</u>			<u>Superior</u>		
1	2	3	4	5	6	7	8	9

TRAINING DIRECTOR'S RECOMMENDATIONS:

1. In your judgment has the candidate met the training requirements for admission to the examination for subspecialty certification in pediatric dermatology?

Yes _____ No _____

If no, please explain under additional comments.

2. Do you know of any reason why the applicant should not be admitted to the examination?

Yes _____ No _____

If yes, please explain under additional comments.

3. If the candidate has finished your program, have you or your institution issued the candidate a certificate of satisfactory completion of training?

Yes _____ No _____

If no, please explain under additional comments.

4. Has this evaluation been discussed with the candidate?

Yes _____ No _____

5. Additional comments:

Signature of Program Director _____

Print or type Program Director's Name _____

Date _____