

The American Board of Dermatology Pediatric Dermatology Fellow Evaluation Form

Fellow's Name _____

Name of Fellowship Institution _____

Fellowship Program Director _____

Period of Training: from _____ to _____

SECTION 1

PATIENT CARE:

RELATIONSHIP TO PATIENTS

Communicates effectively with patients and families; shows compassion and courtesy in care of patients; communicates with other healthcare personnel in a manner that is supportive of the patient.

COMPETENCY MET

COMPETENCY NOT MET

CLINICAL SKILLS

Demonstrates diagnostic competence and is able to generate appropriate differential diagnoses; good problem solving ability; performs all technical procedures competently; makes good management decisions; makes decisions based on current scientific evidence and clinical judgment; uses information technology to support patient care decisions.

COMPETENCY MET

COMPETENCY NOT MET

MEDICAL RECORDS

Completes medical records in a timely manner and with complete documentation.

COMPETENCY MET

COMPETENCY NOT MET

SURGICAL AND PROCEDURAL SKILLS

Demonstrates competence in excisions and laser procedures.

COMPETENCY MET

COMPETENCY NOT MET

MEDICAL KNOWLEDGE:

FUND OF KNOWLEDGE:

Has a large body of relevant information in basic science, pediatrics, pediatric dermatology, general dermatology, dermatopathology, and dermatological surgery; possesses both theoretical and practical knowledge; has knowledge of current journals and books.

COMPETENCY MET

COMPETENCY NOT MET

LABORATORY SKILLS:

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

COMPETENCY MET

COMPETENCY NOT MET

PRACTICE-BASED LEARNING AND IMPROVEMENT:

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 that document practice activities (such as patient logs); skilled in clinical interpretations and diagnoses; demonstrates skills of self-learning; able to find and assess best-evidence for clinical decision making.

COMPETENCY MET

COMPETENCY NOT MET

INTERPERSONAL AND COMMUNICATION SKILLS:

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.

COMPETENCY MET

COMPETENCY NOT MET

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.

COMPETENCY MET

COMPETENCY NOT MET

PROFESSIONALISM:

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. Functions well as a team member.

COMPETENCY MET

COMPETENCY NOT MET

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. Is sensitive to culture, age, gender and disability issues.

COMPETENCY MET

COMPETENCY NOT MET

EDUCATIONAL SKILLS:

Committed to the dissemination of knowledge to colleagues and peers.

COMPETENCY MET

COMPETENCY NOT MET

LEADERSHIP:

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

COMPETENCY MET

COMPETENCY NOT MET

SYSTEMS-BASED PRACTICE:

RESPONSIVENESS TO HEALTH CARE SYSTEM:

Practices cost-effective care without compromising quality; knows how different practice systems function to deliver care; uses allied health professionals as part of care team and knows when to refer to other services; participates in clinical operations improvements.

COMPETENCY MET

COMPETENCY NOT MET

SECTION 2

SCHOLARLY ACTIVITIES:

During fellowship, did the fellow:

1. Participate in textbook or journal reviews at least monthly? Yes _____ No _____
2. Participate in a rounds activity at least twice monthly? Yes _____ No _____
3. Actively participate in clinical or bench research? Yes _____ No _____
4. Complete a research project? Yes _____ No _____
5. If so, are the results suitable for publication? Yes _____ No _____
6. Give lectures to residents and medical students? Yes _____ No _____

If so, list below.

7. Give a local meeting presentation? Yes _____ No _____

If so, list below.

8. Give a national or international meeting presentation? Yes _____ No _____

If so, list below.

List papers or abstracts prepared by the fellow during the fellowship (attach additional sheets if necessary).

List presentations given by the fellow during the fellowship (attach additional sheets if necessary).

SECTION 3

Has there ever been any evidence of chemical dependency or alcohol abuse? Yes ___ No ___

How many weeks of vacation did the fellow have during the fellowship? _____

Has the fellow spent 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 the absence did not interfere with acquisition of needed experience and knowledge?

SECTION 4

Training Time

1. Patient care (hours per month)

a. General pediatric dermatology clinic _____

b. Subspecialty clinics _____

c. Clinical conferences and didactic lectures _____

d. Dermatopathology review _____

e. Procedures (including procedural clinics, laser, OR time) _____

f. Patient callback time _____

g. In-patient consultations _____

2. Basic and clinical research (estimated weeks per year) _____

3. Elective time (estimated weeks per year, if any) _____

TRAINING DIRECTOR'S RECOMMENDATIONS

1. Do you know of any reason why the applicant is not qualified to sit for the examination?

Yes _____ No _____

If yes, please explain under additional comments.

2. 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.

3. Has this evaluation been discussed with the candidate?

Yes _____ No _____

4. Additional comments:

VERIFICATION OF SATISFACTORY COMPLETION OF TRAINING:

I confirm that Dr. _____ has satisfactorily completed the prescribed fellowship training in Pediatric Dermatology and has demonstrated sufficient competence to enter practice without direct supervision. I recommend that he/she be allowed to take the subspecialty certification examination in Pediatric Dermatology.

_____ **Agree** _____ **Disagree**

Evaluation reviewed by fellow:

Signature

Date

Submitted by Fellowship Program Director:

Signature

Date

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