

FINAL EVALUATION OF FELLOW
(To Be Filled Out by Program Director)

Program Director Name: _____

Fellow-in-Training Name: _____

Program Start Date: _____ Program End Date: _____

Please note: Evaluation form is a total of three (3) pages. Please complete/return all three pages. Thank you.

I. I certify that (please print/type name) _____ is progressing in a satisfactory manner learning the techniques of Mohs Micrographic Surgery & Dermatologic Oncology; and is obtaining the required surgical skills to perform Mohs Micrographic surgery & Dermatologic Oncology independent of supervision.

II. _____ has completed the requisite number of cases and has progressed satisfactorily on a course toward membership in the American College of Mohs Surgery.

He/She has ___ has not ___ successfully completed Advanced Cardiac Life Support (ACLS) training (required).

III. Papers in progress/projects undertaken:

IV. Papers presented/Teaching experience:

V. Case load:

- A. Total number of cases completed: _____
- B. Number of Mohs cases: _____
- C. Number of cases as primary surgeon (see criteria): _____
- D. Number of complex cases (see criteria): _____
- E. Number of advanced reconstructions (see criteria): _____

F. Number of excisions: _____

Please identify the Associate Director and all Surgical Faculty members participating in the fellows training.

VI. Please rate the following skills: (Check one)

A. Surgical skills

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

B. Mapping techniques and tissue orientation

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

C. Interpretation of histologic material

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

D. Anatomy

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

E. Primary and secondary wound healing

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

F. Knowledge of pertinent literature

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

G. Ethical Judgement

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

H. Patient interaction and communication skills

Unsatisfactory _____
Below expectations _____
Meets expectations _____
Above expectations _____
Outstanding _____

Please comment on particular strengths, problem areas, weaknesses, or suggestions for improvement (attach as many sheets as needed). **NOTE: This evaluation is kept confidential within the Site Inspection & Slide Review Board, LLC and the ACMS.**

Name of Program Director (print/type)

Name of Fellow (print/type)

Signature of Program Director

Signature of Fellow

Date: _____

Date: _____

Please return evaluation form to:
SISRB
555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823 USA
Telephone: 414-347-1103/ 800-500-7224
Fax: 414-276-2146
sisrb@mohscollege.org