

FINAL EVALUATION OF FELLOW-IN-TRAINING

**(To be completed by the Program Director, for International Fellowship Training Programs)**

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| Program Director Name: | Click or tap here to enter text. |
| Fellow-in-Training Name: | Click or tap here to enter text. |

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| Program Start Date: Click or tap to enter a date. | Program End Date: Click or tap to enter a date. |

***Please note: Evaluation form is three (3) pages.***

***Please complete/return all three pages.***

I. I confirm that Click or tap here to enter text. has accomplished in a satisfactory manner learning the techniques of Mohs Micrographic Surgery & Dermatologic Oncology; and has obtaining the required surgical skills to perform Mohs Micrographic Surgery& Dermatologic Oncology independent of supervision.

1. Click or tap here to enter text. has completed the requisite number of cases and has progressed satisfactorily on a course toward membership in the American College of Mohs Surgery.

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| 1. Papers in progress/Projects undertaken: |
| Click or tap here to enter text. |

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| IV. Papers presented/Teaching experience: |
| Click or tap here to enter text. |

V. Case load:

A. Total number of cases completed (all procedures combined): Click or tap here to enter text.

B. Number of Mohs cases (Primary Surgeon + Assisted): Click or tap here to enter text.

C. Number of Mohs cases as Primary Surgeon (see criteria1): Click or tap here to enter text.

D. Number of Mohs complex cases (see criteria2): Click or tap here to enter text.

E. Number of advanced reconstructions (Primary Surgeon + Assisted Flaps and Grafts)

(see criteria3):Click or tap here to enter text.

F. Number of excisions (Primary Surgeon + Assisted Benign and Malignant Excisions): Click or tap here to enter text.

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| Please identify the Associate Director and all Surgical Faculty members participating in the fellows training: |
| Click or tap here to enter text. |

VI. Skill Sets:

A. Surgical skills (check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

B. Mapping techniques and tissue orientation (check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

C. Interpretation of histologic material

(check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

## D. Anatomy (check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

E. Primary and secondary wound healing

(check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

F. Knowledge of pertinent literature

(check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

G. Ethical Judgement (check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

H. Patient interaction and communication skills (check one)

Unsatisfactory

Below expectations

Meets expectations

Above expectations

Outstanding

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

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| --- | --- | --- | --- |
| Program Director Name: | Click or tap here to enter text. | Fellow-in-Training Name: | Click or tap here to enter text. |

Signature of Program Director Signature of Fellow-in-Training

Date: Date:

Please return evaluation form to:

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1. Fellow/Primary Surgeon definition: Mohs Case - The fellow may list themselves as primary surgeon if they have, 1. Taken either the first stage or the largest and most difficult section AND 2. Read all the slides on all the stages with or without the attending surgeon.

Repair case - The fellow may list themselves as primary surgeon if they have 1. Incised as necessary for closure undermined if required AND At least one of the following: 2.a. placed deep sutures if required; 2.b. planned repair (modification by attending is okay); 2.c. accomplished most of the hemostasis; 2.d. placed epidermal sutures; 2.e. in room, gloved in, supervision of resident.

2. Complex Case definition: Criteria for case complexity include: 1. Histologically aggressive tumors; 2. Large tumors, covering at least an entire cosmetic unit, or scalp tumors of greater than 5 cm in diameter; 3. Tumors arising at a difficult anatomic site, e.g., external auditory canal, perianal, intranasal, nailbed, medial canthus; 4. Complex histopathologic interpretation (Include cases other than BCC and SCC.); 5. Tumors involving bone; 6. Tumors requiring more than four stages; 7. Multiple recurrent tumors or tumor recurrence after prior radiation therapy; 8. Surgeries requiring expertise/involvement of surgical colleague in another discipline; 9. Patient with extremely complex medical problems requiring special intraoperative management.

3. Complex/advance Reconstruction criteria: 1. Random pattern flap repair; 2. Grafts, including full and split thickness grafts; 3. Repairs at difficult anatomic sites, e.g. eyelids, lips, intraoral; 4. Repair of defects greater than 10 sq. cm.