

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; and is obtaining the required surgical skills to perform Mohs Micrographic surgery 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 Micrographic surgery and Cutaneous Oncology.

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. Number of cases trainee assisted _____
- B. Cases trainee was primary surgeon _____
- C. Total number of cases participated in: _____

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

A. Surgical skills

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

B. Mapping techniques and tissue orientation

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

C. Interpretation of histologic material

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

D. Anatomy

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

E. Primary and secondary wound healing

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

F. Knowledge of pertinent literature

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

G. Ethical Judgement

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- Above expectations _____
- Outstanding _____

H. Patient interaction and communication skills

- Unsatisfactory _____
- Below expectations _____
- Adequate _____
- 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 Mohs College.**

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:

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