



Annual Self-Study for the Evaluation of a Cosmetic Dermatologic Surgery Fellowship Programs

Accredited by American Society for Dermatologic Surgery

The annual self-study document is designed to help a fellowship training program present information for a cyclical evaluation visit by the American Society of Dermatologic Surgery. The primary focus is to assess the effectiveness of the fellowship training program, initiate qualitative evaluation of training, and engage in process of self-analysis essential to effective planning and change.

The annual self-studies will be followed by a site review visit in the 5th year. The purpose of the site visit is to obtain onsite information of all administrative and educational aspects of the program. The site visit verifies and supplements the information contained in the annual self-study reports.

For questions, please contact Hana Herron, ASDS Education Programs Manager, at hherron@asds.net or 847-956-9139.



COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP PROGRAM FELLOWSHIP

ANNUAL SELF-STUDY

(Please print or type.)

Fellowship Information:

Name of Fellowship Program (Institution): _____

Fellowship Director Name: _____

Address: _____ City: _____ State: _____

Email Address: _____ Telephone: _____

Secondary address, if teaching will occur in more than one facility:

Address: _____ City: _____ State: _____

Fellowship Program Initial Accreditation Start Date: _____

Number of Faculty Supporting the Program (incl. Director and Assoc. Director): _____

Name(s) of Faculty Supporting the Fellowship Program:

A. Number of cases for program performed in the last calendar year (all approved faculty):

Procedures	# Cases Performed	Procedures	# Cases Performed
Wrinkles and Folds		Body Contouring	
Fat transfer (<i>optional</i>)		Cryolipolysis	
Neuromodulators		Laser lipolysis	
Soft tissue fillers <i>Must include specific training in all FDA approved types:</i>		Ultrasound/radiofrequency fat removal	
Rejuvenation		Tumescent liposuction	
Microdermabrasion		Ultrasound/radiofrequency tissue	
Non-ablative laser and light-based treatments <i>Must include specific training in pigmented lesion lasers and vascular lasers.</i>		Other energy-based or chemical modalities	
Non-ablative fractional treatments		Lifting	
Chemical peels: Light		Browlift	
Platelet-rich plasma		Blepharoplasty	
Microneedling		Facelift	
Resurfacing		Other lifting procedures	
Chemical peels: Medium-Deep		Hair Treatments	
Ablative laser resurfacing		Hair transplantation	
Dermabrasion		Hair removal	
Ablative fractional laser resurfacing		Scar Revision	
Veins		Fractional/vascular laser	
Ambulatory phlebectomy		Keloid excision	
Laser/varicose vein surgery		Acne scar excision	
Laser-light treatment		Z-plasty	
Sclerotherapy		Subcision	
		TCA/CROSS	
		Injection treatments**	

**excluding intralesional corticosteroids, local anesthetics or injections elsewhere in this table.

B. Program Improvements:

Please describe any changes that occurred in the program in the past year:

a. Did you make any improvements or changes in faculty complement, size, training, or responsibilities?

Yes No

Please describe:

b. Did you make any changes in staff support for fellowship, including nursing and administrative scheduling?

Yes No

Please describe:

c. Did you make any improvements or changes in facilities or training sites for your fellowship training in the past year?

Yes No

Please describe:

d. Were there any changes in diversity or number of procedures performed at site and by a Fellow?

Yes No

Please describe:

e. Did you make any changes to fellowship training methods or approaches?

Yes No

Please describe:

f. Were there any additional scholarly activities provided to the Fellow in the past year?

Yes No

Please describe:

g. Do you have plans for the future that would entail improvements or changes in any of the above categories?

Yes No

Please describe:

h. What formal or informal means do you implement to elicit Fellow feedback regarding their satisfaction with training and to convey constructive feedback to Fellows regarding their skills?

Please describe:

- i. **How do you provide ongoing mentoring and advice to previously graduated Fellows from your program? How often are you contacted by past Fellows for professional advice regarding cosmetic surgery, career planning or related issues?**

Please describe:

- j. **Please summarize in 1-2 sentences what you see as the greatest strengths of your program at present.**

C. Faculty Development:

- a) Faculty publications and presentations in past year:

- b) What steps did the faculty take (courses, online programs, etc.) to improve their skills as an educator?

Acknowledgement of Responsibilities:

As Fellowship Director, I acknowledge that I have reviewed the completed Self-Study report. I agree to maintain confidence and not disclose to, or discuss with, any other party any statements or decisions made regarding the accreditation decision at any point in the renewal process.

I represent that the information provided in this document is truthful and accurate.

Signature

Date

Printed

American Society for Dermatologic Surgery
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Rolling Meadows, IL 60008
Telephone: 847-956-0900; Fax - 847-956-0999
cdsfap@asds.net



**COSMETIC DERMATOLOGIC SURGERY FELLOWSHIP PROGRAM FELLOWSHIP
FINAL EVALUATION OF FELLOWS FOR PROGRAM DIRECTORS**

(Please print or type.)

As Director of a Cosmetic Dermatologic Surgery Fellowship Program accredited by the American Society for Dermatologic Surgery, you are asked to complete this year-end evaluation of your Fellow(s).

Please complete a separate form for each Fellow in your program. This evaluation is for internal use only and will be kept confidential. We ask that you be as candid as possible in your responses and be sure to get input from your faculty. The information we collect documents completion of the Program by your Fellow(s).

Fellow Name: _____

Fellowship Start Date: _____ Fellowship Completion Date: _____

A. Skills and Knowledge Assessment

Based on your expectations of the Fellow at the completion of the training program, please rate all of the following using the scale listed below, checking one score per category.

Evaluation of Fellow

	Unsatisfactory	Satisfactory	Outstanding
Surgical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anatomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary and secondary wound healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of pertinent literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced cardiac life support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Semi-annual competency-based evaluation*

Mid-Year evaluation completed

End-of-Year evaluation completed

*There are no required minimums for Milestone reporting. Level 4 is indicated as the target for graduation, but the determination of an individual's readiness for graduation is at the discretion of the program director.

B. Projects/Presentations/Teaching Experience

Please identify those learning opportunities provided to the Fellow to augment their surgical training experience.

Research/papers (Include details, such as citation or title of the paper):

Presentations (Include details, such as topics, venues, or abstract submission title):

Attendance at national/state meetings:

Teaching of residents/medical students:

C. Additional Comments

Please comment on fellow's particular strengths, weaknesses, or suggestions for improvement:

I certify that the Fellow has met program requirements and progressed in a satisfactory manner, learning the skills and techniques to perform Cosmetic Dermatologic Surgery and has obtained the required surgical skills to perform these procedures independent of supervision.

I certify that I have reviewed this evaluation and its contents with the Fellow.

Signature

Date

Printed