



**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):

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

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Attendance at national/state meetings:

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Teaching of residents/medical students:

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**C. Additional Comments**

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

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**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.**

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Signature

Date

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Printed