The Dermatology Patient Encounter Direct Observation and Evaluation Form is an evaluation form for direct observation of single patient encounters in the office with immediate assessment and feedback. It identifies important types of behaviors the resident is expected to demonstrate. Generally, it is recommended that the observation and assessment process should occur multiple times with a broad sampling of patients on different days. Engaging a variety of different evaluators in this process is recommended in order to obtain a stable, reliable estimate of performance. It would be best to establish resident performance on this evaluation earlier rather than later in residency. The competencies evaluated on this form include: Patient Care, Interpersonal and Communication Skills, and Systems-based Practice. This form was initially compiled by Dr. Lucinda S. Buescher, Program Director, Southern Illinois University School of Medicine and was subsequently edited by the ACGME.
# Dermatology Patient Encounter Direct Observation and Evaluation Form

<table>
<thead>
<tr>
<th>Date: _________________________________</th>
<th>Performance below expected level of training</th>
<th>Performance appropriate for level of training</th>
<th>Not Applicable</th>
<th>Competent to perform task independently</th>
<th>Indicate Specific Changes Needed To Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident: ______________________________</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Circle Year of Training: PGY-2 PGY-3 PGY-4</td>
<td>Performance below expected level of training</td>
<td>Performance appropriate for level of training</td>
<td>Not Applicable</td>
<td>Competent to perform task independently</td>
<td>Indicate Specific Changes Needed To Advance</td>
</tr>
<tr>
<td>Primary Patient Problem: ___________________</td>
<td>Performance below expected level of training</td>
<td>Performance appropriate for level of training</td>
<td>Not Applicable</td>
<td>Competent to perform task independently</td>
<td>Indicate Specific Changes Needed To Advance</td>
</tr>
</tbody>
</table>

1. Introduction / Asks reason for visit (open ended)
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

2. Directs history of present illness with questions about:
   - [ ] Location
   - [ ] Timing
   - [ ] Duration
   - [ ] Context
   - [ ] Quality
   - [ ] Treatments
   - [ ] Severity
   - [ ] Associated symptoms

   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

3. Performs appropriate:
   - [ ] Past Medical History (meds & allergy)
   - [ ] Family History
   - [ ] Social History
   - [ ] Review of Symptoms

   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

4. Appropriate pre-physical examination preparation (washes hands, gloves, patient in gown/positioned...)
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

5. Examines appropriate organ systems
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

6. Demonstrates appropriate examination skills
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

7. Demonstrates appropriate decision to use specialized examination techniques (diascopy, dermoscopy, Wood’s lamp, other)
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently

8. Demonstrates appropriate skills using specialized techniques (diascopy, dermoscopy, Wood’s lamp, other)
   - [ ] Performance below expected level of training
   - [ ] Performance appropriate for level of training
   - [ ] Not Applicable
   - [ ] Competent to perform task independently
<table>
<thead>
<tr>
<th></th>
<th>Performance below expected level of training</th>
<th>Performance appropriate for level of training</th>
<th>Not Applicable</th>
<th>Competent to perform task independently</th>
<th>Indicate Specific Changes Needed To Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Demonstrates appropriate decision to perform diagnostic/laboratory tests</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates skillful performance of dermatologic diagnostic tests/procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11.</td>
<td>Acknowledges potential financial/insurance constraints on performance of tests/procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12.</td>
<td>Communicates differential diagnosis to patient/caretaker in a meaningful way</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13.</td>
<td>Communicates plan of care in a meaningful way</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14.</td>
<td>Confirms the patient has a means to pay for the prescribed therapy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15.</td>
<td>Makes attempt to modify therapy to best accommodate patients lifestyle/finances</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16.</td>
<td>Confirms patient/caretaker understanding of major components of the patient-physician encounter</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17.</td>
<td>Communicates specific follow-up recommendations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18.</td>
<td>Appropriate documentation of encounter/procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19.</td>
<td>Appropriate coding of encounter/procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Name of Evaluator: ________________________________

Signature of Evaluator: ________________________________