

In-Office Diagnostics Evaluation Exercise (IODxEE)

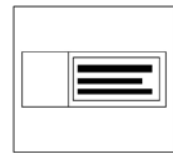
Instructions:

General principles

- This tool is designed to help assess the reasoning, counseling, technical skills of material acquisition, and interpretive microscopy skills when performing simple in-office diagnostics, including KOH, mineral oil preps, Tzanck smears, hair pull tests, etc.. Although the Mini-CEX tool has an in-office diagnostics assessment component, this IODxEE tool should be used when a greater attention to the assessment of the specific in-office diagnostic is sought by the assessor or program.
- All or part of an in-office diagnostic test can be observed. It is not required to assess the entire diagnostic test to use this tool successfully.
- In general, it is advisable to let the trainee know you will be assessing their performance prior to the encounter.
- Provide direct, specific constructive feedback to the trainee soon after the encounter. Determine what are 'must' areas for improvement vs. 'the art of how I would have done it' areas for improvement (ie, corrections vs. advice)

Specific instructions

- **In office diagnostic** – Check the box of the procedure observed. More than one can be selected if relevant.
- **Focus** – Check the focus or foci that are assessed. Several foci may be checked if several parts of the encounter were observed.
- **Skills** – Rate the trainee on the milestones scale for each skill. It is important to remember that trainees are not being compared relative to other trainees; they are being rated on a continuum; that is, on a scale designed to assess progression of skills from novice to master. It is common for first year residents to score 3 or 4 out of 10 and still be great first year residents.
- If a particular skill is not observed or is not applicable to the particular procedure, check the "Not observed" box.
- **Feedback and comments** – Note specific positives in the procedure and give constructive feedback on how the trainee could improve. Use of the margins for 'on the fly' note taking can be useful to trigger your specific feedback.



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

In-Office Diagnostics Evaluation Exercise (IODxEE)

Resident: _____ Derm Yr: _____

Evaluator: _____ Date: _____

In-Office Diagnostic(s): KOH Tzanck Scabies Hair Other _____

Focus: Test Selection Specimen Collection Interpretation

I.2

1. Decision to Perform In-Office Diagnostic (Not observed)

Doesn't know test.	Understands once told.	Inquires or suggests.	Appropriately proposes to do test.	Appropriately and confidently proceeds with test.	Teaches why.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.2

2. Selection of Body Site / Location for In-Office Diagnostic (Not observed)

Unable to follow instructions.	Told where to select.	Asks or suggests.	Proposes best site, faculty concur.	Confidently and correctly select.	Teaches where.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

IV.1

3. Pre-Diagnostic Counseling Skills (Not observed)

Distracted, bored or confused.	Listens to counseling.	Explains some basics; answers some ?s.	Uses appropriate language, confirms patient understanding and consent.	Efficiently thorough counseling. Good language, answers ?s	Teaches counseling.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.2

4. Specimen Collection Skill (Not observed)

Disinterested in hands-on.	Inefficient. May inflict unnecessary pain/bleeding.	Attention to positioning. May not pick ideal location.	Reaffirm patient comfort, positioning and best site. Adequate specimen.	Confidently and efficiently obtains. Attentive to patient position/comfort.	Teaches collection.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.2

5. In-Office Diagnostics Interpretation (Not observed)

Inattentive, distracted.	Attentive but non-contributing.	Inquisitive.	Identifies suspicious findings.	Makes correct interpretation. Identifies foilers/subtle features.	Teaches interpretation.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

IV.1

6. Post-Diagnostic Counseling Skills (Not observed)

Distracted/Distracted.	Attentive. Predominantly listens.	Counsels on results but not about next steps.	Counsels on results and next steps once given clarifying direction.	Counsels on results and plan, instilling confidence and empathy.	Teaches counseling.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

7. Overall In-Office Diagnostic Clinical Competence (Not observed)

1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE: