

MILESTONES SCORECARD ASSESSMENT FOR DERMATOLOGY RESIDENTS**Instructions:****General principles**

- This scorecard tool is designed to help a program tally the various milestone-linked assessments performed on an individual resident. It is used to summarize competency performance as measured by various milestone-linked tools. It informs the residency clinical competency committee in resident performance areas for one or more particular milestones where data may be needed. The resident competency assessment tools are linked within the tools themselves to specific residency milestones. The residency coordinator is typically the person who initially transfers the data from the completed tools to the scorecard. The clinical competency committee reviews the significance of these findings and may use the results when assigning ACGME milestone performance level.

Specific instructions

- **Review the resident assessments that have been completed since last evaluation period**
It is recommended that the resident and the program keep an assessment portfolio for each resident. These would be available to the residency coordinator, the program director, and the clinical competency committee for review.
- **Identify those assessments that have specific Milestones connected to a particular assessment line item**
The APD milestone assessment tools all have boxes in the left-most column that identify to which ACGME dermatology residency milestone each line item is linked.
- **Identify what score was assigned for this milestone-connected assessment line item**
- **Shade the corresponding box on the scorecard**
The first box to be shaded should be the bottom-most box in the corresponding column. Each subsequent shading should be on the box located above the last shaded box in that particular column.
- **Clinical competency committee reviews the scorecard when assigning milestone values for each resident.**

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: _____

Circle the Measurement Period:

1	2	3	4	5	6
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		Beginning Resident			JR Resident		SR Resident		Graduate		Advanced	
PATIENT CARE		1	2	3	4	5	6	7	8	9	10	
I.1	Performing History, Examination & Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.2	Performing and Interpreting Diagnostic Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.3	Dermatopathology Application and Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.4	Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.5	Pediatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.6	Surgical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.7	Diagnosis, Management Decisions & Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

MEDICAL KNOWLEDGE		1	2	3	4	5	6	7	8	9	10
II.1	Medical Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.2	Pediatric Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.3	Dermatologic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.4	Dermatopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.5	Application of Basic Science Knowledge to Clinical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

PRACTICE-BASED LEARNING & IMPROVEMENT		1	2	3	4	5	6	7	8	9	10
III.1	Appraises & assimilates scientific evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.2	Continuously improves through self-assessment of competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.3	Integrates Quality Improvement Concepts & Activities in Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.4	Teaches Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

MILESTONES ASSESSMENT FOR DERMATOLOGY RESIDENTS

RESIDENT NAME: _____

Circle the Measurement Period:

1	2	3	4	5	6
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		Beginning Resident			JR Resident		SR Resident		Graduate	Advanced	
INTERPERSONAL & COMMUNICATION SKILLS		1	2	3	4	5	6	7	8	9	10
IV.1	Communication and rapport with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.2	Having Difficult Conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.3	Team Member Respect & Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.4	Communication & Consultation with Other Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.5	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

PROFESSIONALISM		1	2	3	4	5	6	7	8	9	10
V.1	Adheres to basic ethical principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.2	Committed to life-long learning and improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.3	Patient care is always the first priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

SYSTEMS-BASED PRACTICE		1	2	3	4	5	6	7	8	9	10
VI.1	Adapts easily and works effectively in various health care delivery settings and systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.2	Works effectively within an inter-professional team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.3	Improves health care delivery by identifying system errors and implementing potential systems solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.4	Advocates for quality patient care and optimal patient care systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.5	Practices cost-conscious care for patients and populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:

OVERALL FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE: