KSB Hospital

EVALUATION FOR **DERMATOLOGY** ROTATION

**S=SATISFACTORY/ U=UNSATISFACTORY**

1. The resident understands the etiology, symptoms, diagnosis, and treatment of general lower extremity dermatology.

   **S/U**

2. The resident will demonstrate the knowledge of the dermatological manifestations of systemic disorders as seen in the foot/ankle/lower extremity.

   **S/U**

3. The resident will demonstrate understanding of the common modalities of dermatologic treatment.

   **S/U**

4. The resident will be able to perform biopsies, curettage, electro surgery, cryosurgery and laser surgery of common dermatological lesions.

   **S/U**

5. The resident will demonstrate knowledge of cytologic smears, fungal scrapings/cultures and patch testing.

   **S/U**

6. The resident will be able to recognize malignant characteristics of skin lesions vs. benign.

   **S/U**

7. The resident will be able to understand classifications of malignant lesions and they relate to the work-up, treatment, and prognosis.

   **S/U**

Rotation Director Signature ______________________ Date _______________

Resident______________________________ Date _______________

DPME Signature __________________________ Date _______________

Comments _______________________________________________________

Revised 4/2012