**Dermatology EPAs**

This completed form must be received by the NIHS for each application submitted. The application process is not complete without this form:

**Resident/Fellow Full Name:**

**Postgraduate Year (PGY):**

**Emirates ID:**

The following is the Entrustable Professional Activities (EPAs) that were developed to provide the opportunity for frequent, time-efficient, feedback-oriented and workplace-based assessment in the course of daily clinical workflow.

|  |  |  |  |  |  |  |  |
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| **EPA** | **Level of Entrustment** | | | | | **PGY level #** | **Date of Entrustment** |
| **1**  **Trusted to observe only** | **2**  **Act under direct supervision** | **3**  **Act under indirect supervision i.e on request and quickly available** | **4**  **Act with oversight supervision or post hoc** | **5**  **Trusted to perform independently without supervision**  **Fellow can supervise junior trainees** |
| Performing patient assessments in the dermatology clinic |  |  |  |  |  |  |  |
| Performing punch and shave biopsies |  |  |  |  |  |  |  |
| Recognizing the acuity of a patient’s illness, initiating stabilization and management, and consulting as needed |  |  |  |  |  |  |  |
| Assessing and providing initial management for patients with acute presentations of common illnesses |  |  |  |  |  |  |  |
| Assessing and managing patients with common chronic conditions |  |  |  |  |  |  |  |
| Assessing patients with a rheumatologic disease |  |  |  |  |  |  |  |
| Assessing patients with an infectious disease |  |  |  |  |  |  |  |
| Documenting clinical encounters |  |  |  |  |  |  |  |
| Communicating with patients and/or families about clinical findings and management plans |  |  |  |  |  |  |  |
| Working effectively as a member of the interprofessional team |  |  |  |  |  |  |  |
| Recognizing and managing dermatologic emergencies in children and adults |  |  |  |  |  |  |  |
| Providing consultation for hospitalized patients with a dermatologic condition |  |  |  |  |  |  |  |
| Providing consultation for patients in the outpatient setting |  |  |  |  |  |  |  |
| Providing ongoing management for patients with a chronic dermatologic condition |  |  |  |  |  |  |  |
| Initiating and monitoring systemic therapy |  |  |  |  |  |  |  |
| Assessing and providing management for patients with chronic wounds |  |  |  |  |  |  |  |
| Managing the care of patients with skin cancer |  |  |  |  |  |  |  |
| Performing and interpreting dermoscopy |  |  |  |  |  |  |  |
| Performing and interpreting patch testing |  |  |  |  |  |  |  |
| Performing the procedures of Dermatology |  |  |  |  |  |  |  |
| Assessing patients for an aesthetic procedure |  |  |  |  |  |  |  |
| Providing care for patients who have had a complication of a treatment or procedure |  |  |  |  |  |  |  |
| Counselling patients and families for the purposes of disease management, prevention and health promotion |  |  |  |  |  |  |  |
| Leading discussions with patients, families and/or other health care professionals in emotionally charged situations |  |  |  |  |  |  |  |
| Documenting consultation reports |  |  |  |  |  |  |  |
| Providing dermatologic care using virtual health technology |  |  |  |  |  |  |  |
| Interpreting skin histopathology for the purposes of diagnosis and management |  |  |  |  |  |  |  |
| Delivering scholarly teaching to peers, junior trainees and/or other health professionals |  |  |  |  |  |  |  |
| Conducting scholarly work relevant to Dermatology |  |  |  |  |  |  |  |
| Managing a dermatology consultation service |  |  |  |  |  |  |  |
| Managing patients with dermatologic conditions in the outpatient setting |  |  |  |  |  |  |  |
| Managing patients in a longitudinal clinic |  |  |  |  |  |  |  |
| Developing a plan for continuing professional development |  |  |  |  |  |  |  |

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| Name of Sponsoring Institution |  |
| Name of the Program |  |
| Name of the Program Director |  |
| Signature of the Program Director |  |

**Official Stamp Date:**