**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:**