

**Residency Program "Dermato-Venereology"**

**Resident Assessment Card:** The resident is evaluated according to the relevant scheme of the educational curriculum. The level of competence achieved by the residency student is fixed by the hands of the modules in the assessment card.

The evaluation card is checked by the Head of the program in six months and if there are gaps, requires its correction within the specified timeframe. After the completion of the residency, a certified copy of the assessment card will be handed over to the resident.

One copy of the evaluation card is stored in the residency archive.

**Table: 1**

<b>Resident information</b>	
Name, Surname	
Private N	
Place and date of birth	
Address	
Phone	
E-mail address	
Number of points earned during the specialization exam	
Level of knowledge of a foreign language and number of points	
Information about compulsory military service	
Start Date of Residency Theme	
Submission Date of Residency Theme	
Head of the Theme	
Topic Title	
Topic Approval Date	
Topic Defend Date	
Residency Exam Date	
Number of Points Taken on the Residency Exam	

## Annex 2 Resident Assessment Card

Table: 2

Clinical competencies	Level	Duration	Method	Assessment				
				0	1	2	3	4
				0	1	2	3	4
				0	1	2	3	4

Table: 3

Interventional competencies	Level	Duration	Method	Assessment				
				0	1	2	3	4
				0	1	2	3	4
				0	1	2	3	4

***Evaluation Scale:***

- 0 – Did not attend
- 1 – Insufficient
- 2 – Requires development
- 3 – Enough
- 4 – Specialist

Table: 4

	Mini clinical exam evaluation form	
Resident's Name and Surname		
Reviewed clinical Problem/Task		

## Annex 2 Resident Assessment Card

Focus on clinical review	<input type="radio"/> History of illness	<input type="radio"/> Diagnosis	<input type="radio"/> Treatment/further observation	<input type="radio"/> Consultation-study	<input type="radio"/> Other
Clinical environment of case review	<input type="radio"/> Hospital	<input type="radio"/> Polyclinic	<input type="radio"/> Emergency	<input type="radio"/> House	<input type="radio"/> Other
Case/problem difficulty level		<input type="radio"/> Low	<input type="radio"/> Medium	<input type="radio"/> High	
<b>Evaluation criteria (competencies)</b>	<b>Did not attend</b>	<b>Insufficient</b>	<b>Requires development</b>	<b>Enough</b>	<b>Specialist</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Taking anamnesis					
Physical inspection					
Rational selection of diagnostic procedures					
Clinical Decision					
Effective organization of the clinical process					
Patient-centered approach					
Professional attitude and behavior					
<b>Adequacy of the proposed action in clinical care</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Opinions and assessments of the work done by the resident</b>					
	Opinions about the resident's particularly well-done actions		Tips for Developing Resident Skills		
	<p style="text-align: center;"><b>Action Plan to Support Resident Development</b></p>				

## Annex 2 Resident Assessment Card

	Please briefly formulate a note that you would like to consider by the Program Development Board	
Name and surname of the evaluator		
Department/Direction		Position

Table: 5

	<b>Practical/Interventional Skills Observation and Evaluation Form</b>				
<b>Resident's Name and Surname</b>					
Appraisal medical intervention					
Clinical environment for the production of the procedure	<input type="radio"/>	<input type="radio"/> Polyclinic	<input type="radio"/> Emergency	<input type="radio"/> House	<input type="radio"/> Other
Number of interferences performed by the resident					
Difficulty Level of the procedure/problem	<input type="radio"/>	<input type="radio"/> Low	<input type="radio"/> Medium	<input type="radio"/> High	
<b>Evaluation criteria (competencies)</b>	Did not attend	Insufficient	Requires development	Enough	Specialist
	0	1	2	3	4
Indication, anatomy and technique related to the procedure					
Informing and obtaining consent					
Pre-preparation of the procedure (preparation of the patient)					

## Annex 2 Resident Assessment Card

Technical skills related to the procedure					
Aseptic practices and safe working environment					
Post-procedure management					
Communication skills (to patients and other healthcare personnel)					
Seek help if necessary					
Professional Attitude - Patient Care					
	<b>Opinions and assessments of the work done by the resident</b>				
	Opinions about the resident's particularly well-done actions		Tips for Developing Resident Skills		
	<b>Action Plan to Support Resident Development</b>				
	<b>Please briefly formulate a note that you would like to consider by the Program Development Board</b>				
<b>Name and surname of the evaluator</b>					
<b>Division</b>			<b>Position</b>		
Assessment Date:			Signature:		

Table: 6

Specific case review form

## Annex 2 Resident Assessment Card

Resident's Name and Surname					
Discussed clinical problem/procedure					
Clinical environment of case review	<input type="radio"/> Polyclinic <input type="radio"/> Emergency <input type="radio"/> House <input type="radio"/> Other				
How many times has the procedure been carried out by the resident					
Case/problem difficulty level	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High				
Evaluation criteria (competencies)	Did not attend	Insufficient	Enough	Requires Development	Specialist
	0	1	2	3	4
Technical and content assessment of medical records					
Clinical evaluation					
Analysis and redirect					
Treatment,					
observation and visit					
Professional Addiction					
<b>Opinions and assessments of the work done by the resident</b>					
Opinions about the resident's particularly well-done actions		Tips for Developing Resident Skills			
<b>Action Plan to Support Resident Development</b>					

Please briefly formulate a note that you would like to consider by the Program Development Board			
Name and surname of the evaluator			
Division		Position	
Assessment Date:		Signature:	

A form of assessment of knowledge based on observation during the internal and external rotation during the course of the module

### Observation-based competency assessment

**Module name:**

Start Date:

End Date:

**Evaluation Scale:**

0 – Did not attend

1 - Insufficient

2 - Must development

3 - Can carry out under supervision

4 - can carry out independently

The Head of the module is responsible for the training.

### Table: 7

#### Basic Skills & Levels

##### *a. Non-invasive procedures*

## Annex 2 Resident Assessment Card

<b>Skills</b>	<b>Qualification Evaluation Criteria</b>				
Ability to have a full and detailed medical interview, taking an anamnesis	0	1	2	3	4
Ability to assess mental state	0	1	2	3	4
Ability to conduct a full and detailed physical examination	0	1	2	3	4
Dehydration Assessment	0	1	2	3	4

***b. Invasive Procedures***

<b>Skills</b>	<b>Qualification Evaluation Criteria</b>				
Nasogastric lavage	0	1	2	3	4
Venous and arterial blood collection	0	1	2	3	4
Catheterization and care/bladder catheterization	0	1	2	3	4

**Communicative skills and ethical aspects***შეფასების სკალა :***0 - Did not attend****1 - Insufficient****2 - Requires development****3 - Good****4 – Very good****Table: 8**

<b>Criteria</b>	<b>Assessment</b>	<b>Conclusion (points)</b>
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## Annex 2 Resident Assessment Card

A Humane Approach	0	1	2	3	4	
Harmony in interpersonal relationships	0	1	2	3	4	
Teamwork skills	0	1	2	3	4	
Motivation level	0	1	2	3	4	
Duties assigned	0	1	2	3	4	
Timely adaptation	0	1	2	3	4	
Dealing with Leadership	0	1	2	3	4	
Compliance with working hours	0	1	2	3	4	
Scientific attitude and evidence-based approach in professional practice	0	1	2	3	4	
Protection of professional ethics	0	1	2	3	4	
Continuity of observation	0	1	2	3	4	
Appropriate attitude of profession and professional dignity	0	1	2	3	4	
Communication with a clinician	0	1	2	3	4	
Protection of the rights of service users	0	1	2	3	4	
Possessing information on national development, priorities and policies on relevant issues	0	1	2	3	4	
<b>Total points</b>						

## Residency Student's 6-month Activity Assessment Form

*Filled for each resident, sent to the department once every 6 months.*

Table: 9

1. Department:	2. Name, surname	3. Date	4. Year

Annex 2 Resident Assessment Card

<b>5. Modules</b>		<b>6. Events</b>	
<b>7. Gatherings</b>		<b>8. Articles</b>	
<b>9. Assessment points</b>	<b>10. 6-month period final exam points</b>	<b>11. 6-month average score</b>	<b>12. Conclusion</b>
<b>13. . Opinions</b>			

**Definitions:**

1. Department/Division
2. Resident's Name and Surname
3. Date filling out the form
4. How many years of residency
5. Internal and external rotations and dates implemented over 6 months
6. Seminar, paper, etc. prepared by the resident.
7. Attending scientific gatherings
8. Scientific articles and publications, where the article is publishing/published
9. Average rating received from 5 full forms of completed assessment
10. Evaluation from the final exam for the 6-month period
11. Average arithmetic assessment of units' number 9 and 10
12. "Satisfactory" or "unsatisfactory" will be recorded as a final assessment.