SPORTS MEDICINE CONJOINT COMMITTEE
On EDUCATION and EVALUATION
PROGRAM DIRECTOR'S END OF THE YEAR EVALUATION
Sports Medicine Residents

RESIDENT INFORMATION	
Name	
AOA Number	
Preferred Mailing Address	
City, State, Zip	
Home Number	
Office Number	
Fax Number	
E-mail	

PROGRAM INFORMATION	
AOA Number	
Program Name	
Address	
City, State, Zip	
Program Director Name	
Office Number	
Fax Number	
E-mail	

TRAINING INFORMATION			
OGME-4 Start Date		OGME-4 End Date	

This document certifies that the Resident has completed all requirements of this residency training program.

Program Director:

*Print*__________________________ *Signature*__________________________ *Date*__________

AOASM CEE:

*Print*__________________________ *Signature*__________________________ *Date*__________

Specialty College Director:

*Print*__________________________ *Signature*__________________________ *Date*__________

AOASM Director:

*Print*_______________________________ *Signature*_____________________________ *Date*________

In an effort to ensure the quality of medical education in the field of the Primary Care Sports Medicine, the AOASM asks that each program director fill out an annual report on each of the physicians in your program. These reports will be reviewed by the AOASM and will become part of the resident's permanent file.

Please complete this evaluation within 30 days of completion of the training year.

1 = Unsatisfactory 2 = Marginal 3 = Satisfactory 4 = Above Average 5 = Superior

MEDICAL KNOWLEDGE AND SKILLS

Knowledge of anatomy, physiology, kinesiology, pharmacology 1 2 3 4 5

Application of evidence-based medicine with regards to the athlete 1 2 3 4 5

Diagnostic/judgment skills in the office, hospital and on the field 1 2 3 4 5

Comprehensive and thoroughness of exam (e.g. extremity/neck/back) 1 2 3 4 5

Procedural skills and technical abilities (e.g. injection/aspiration) 1 2 3 4 5

Appropriate use of and cost effectiveness of diagnostic testing 1 2 3 4 5

Accuracy of interpretation of diagnostic testing (e.g. CT/X-Ray/MRI) 1 2 3 4 5

Ability to write an exercise/rehabilitation prescription 1 2 3 4 5

Ability to coordinate medical care (ATC, EMS) at a sporting event 1 2 3 4 5

Timeliness and appropriate use of subspecialty consultations 1 2 3 4 5

Application of Osteopathic principles and practices 1 2 3 4 5

Participation in research 1 2 3 4 5

Participation in lectures, CME, and consultative work 1 2 3 4 5

PERSONAL QUALITIES:

Dedication to the practice of Sports Medicine	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Interaction with athletes, coaches and families	1	2	3	4	5
Interaction with other physicians	1	2	3	4	5
Interaction with other healthcare professionals (ATC, PT, OTC)	1	2	3	4	5
Professionalism and demeanor	1	2	3	4	5
Acceptance of constructive criticism	1	2	3	4	5
Respect for deadlines and guidelines of the individual program	1	2	3	4	5

Have you reviewed and approved the resident's scholarly activity?

Comment:

Has the resident presented a case presentation or research presentation or poster presentation at the annual national sports medicine conference?

Name of Presentation: ______________________________

Has the resident established a panel of patients followed throughout the year in an ambulatory continuing setting?

Comment:

Has the graduating resident successfully completed all the requirements of the training program and is recommended for program complete status?

If no, please explain:

Please provide any additional comments/criticisms in the space provided below or on an additional sheet.

Program Director:

*Print*______________________________ *Signature*____________________________ *Date*________

Resident:

*Print*______________________________ *Signature*____________________________ *Date*________

The resident's signature here indicates that he or she has had the opportunity to review this report with the program director.

Please complete and send this form along with the Resident's Scholarly Activity report to:

Conjoint Education and Evaluation Committee on Sports Medicine
c/o AOASM
2424 American Lane
Madison, WI 53704

Phone: 608-443-2477
Fax: 608-443-2474
Email: info@aoasm.org