

**Annual Attending Evaluation Form**

Attending name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Instructor Evaluation:

Did the Attending?

- |   |         |        |
|---|---------|--------|
| 1. Emphasize a problem-solving approach?                          | Yes ___ | No ___ |
| 2. Display genuine interest in teaching?                          | Yes ___ | No ___ |
| 3. Approach teaching and patient care with compassion and energy? | Yes ___ | No ___ |
| 4. Set realistic goals and objectives?                            | Yes ___ | No ___ |
| 5. Serve as a role model?   | Yes ___ | No ___ |
| 6. Demonstrates current clinical knowledge?                       | Yes ___ | No ___ |
| 7. Demonstrates good communication skills?                        | Yes ___ | No ___ |
| 8. Encourage integration of OMM with your patients                | Yes ___ | No ___ |
| 9. Effectively teach integration of OPP/OMM                       | Yes ___ | No ___ |

Recommendation to retain attending as teaching faculty Yes \_\_\_ No \_\_\_

Yes, but requires counseling \_\_\_

If yes, Document counseling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director of Osteopathic Education/ Program Director:

\_\_\_\_\_ Date: \_\_\_\_\_