_____ DATE: _____

RESIDENT ATTENDING & SELF ROTATION EVALUATION

NAME: _____ SERVICE: _____

ATTENDING(S): _____

Education:

1. Was the educational environment a positive experience? Yes __ No __
   If not, why? _____

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2. Were there scheduled lectures and were they given a majority of the time?
   Yes __ No __

3. Was the educational experience additive to your current knowledge base?
   Yes __ No __
   If not, why? _____
   _____

4. Did the educational component outweigh the service component?
   Yes __ No __
   If no, please explain. _____
   _____

Instructional Organization:

1. Were rounds conducted on a daily basis? Yes __ No __
   N/A __
2. Did you have appropriate patient responsibility? Yes __ No __
3. Did you have direct supervision of your activities? Yes __ No __
4. Did the attending(s) give you feedback on your work and thought processes?
   Yes __ No __
5. Did you receive enough support from your resident? Yes __ No __
   N/A __

Self Evaluation:

1. Did you obtain the needed information during this rotation? Yes __No __
   If not, why, and what did you do to change the situation? _____
   _____

1. Do you feel that you have any areas of weakness in this rotation subject?
   Yes __ No __
   If yes, what steps have you/are you taking to reach your educational goals?
   _____
   _____

2. Did you read an adequate amount on relative medical topics during this rotation?
   Yes __ No __

If no, why? How do you suggest improving the amount of your reading?

_____

_____

3. Do you feel you integrated OMM enough with your patients? Yes __ No __
   If not, why? _____
4. Do you feel comfortable with your OMM skills? Yes __ No __
   If no, what are you doing to improve them? _____
   _____
5. Did you ever feel that your fatigue level was compromising patient care?
   Yes __ No __
   If yes, who did you report the problem to? _____
   What was done to address the problem? _____
   If you did not report the problem, why? _____

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 __

If no to any of the above, please explain. _____

_____

_____

What do you believe can be done to improve this rotation? _____

_____

_____

_____

What feedback would you like to give to the attending? _____

_____

_____

_____ Date: _____

Resident Signature:

_____ Date: _____

Director of Osteopathic Medicine/Program Director