

Designated Resident Quarterly Evaluation

RESIDENT:

REPORT

PERIOD:

	<u>MONTH</u>	<u>ROTATION</u>	<u>PRECEPTOR</u>
Rotation 1			
Rotation 2			
Rotation 3			

NIH/CITI research module completed Yes _____ No _____

OMT procedure logs I/P _____ O/P _____

OMT/OPP Evaluations reviewed Yes _____ No _____

Osteopathic In- Service Exam reviewed Yes _____ No _____

Resident Counseled Yes _____ No _____

Continuity of Care evaluation Yes _____ No _____

A. Office patient encounters _____

B. Financials discussed with resident Yes _____ No _____

Committee meetings attended _____

Osteopathic Scholarly Activity:

 ___ Journal Club _____

 ___ Poster Presentation _____

 ___ OMT Case presentation _____

Goals: _____

Comments: _____

Resident

Date

Director of Osteopathic Education/Evaluator

Date