Osteopathic Recognition Semi-Annual Evaluation

Resident ________________________________

PGY ____________

Date ________________

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**Patient Care**

1. Incorporates osteopathic principles when obtaining a history, performing an examination, interpreting diagnostic testing, synthesizing a differential diagnosis, and devising a patient care plan, with supervision:

   Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

2. Independently incorporates osteopathic principles when obtaining a history, performing an examination, interpreting diagnostic testing, synthesizing a differential diagnosis, and devising a patient care plan for patients with common conditions:

   Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

3. Performs treatment of somatic dysfunction in common conditions, with supervision:

   Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

**Medical Knowledge**

4. Demonstrates knowledge of the risk versus benefit of OMT:

   Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

5. Applies knowledge of appropriate OMT techniques to formulate a patient-centered care plan:

   Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____
6. Ensures that the patient does not have a contraindication to the procedure:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

Practice-based Learning and Improvement

7. Performs self-evaluation of osteopathic practice patterns:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

8. Prepares and presents osteopathic-focused scholarly activity or didactic session
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

Interpersonal and Communication Skills

9. Obtains verbal informed consent and documents this in the chart:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

10. Incorporates cultural competency into customized communication:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

11. Engages patient in shared decision making in regards to osteopathic care plan:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

Systems-Based Practice

12. Documents somatic dysfunction and codes OMT, with supervision:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

13. Independently provides cost-effective osteopathic patient care within a health care delivery system:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____

Professionalism

14. Recognizes patient’s unique perception of touch and how this influences osteopathic patient care:
Deficient _____ Ability consistent w/training level _____ Ability exceeds level of training _____
15. Preserves patient dignity during diagnosis and treatment of somatic dysfunction:

Deficient_____Ability consistent w/training level_____Ability exceeds level of training_____

16. Manages difficult osteopathic patient-physician relationships while ensuring patient care needs are met:

Deficient_____Ability consistent w/training level_____Ability exceeds level of training_____

**OMT Procedures:**

Documentation per NI reviewed and encounters appropriate: __Yes____ No

Number of OMT inpatient encounters________

Number of OMT outpatient encounters________

**OMT Workshops**

**OPP Refreshers**

**Osteopathic Scholarly Activity**

**Continuity Clinic numbers**

Resident is up to date with all required rotation evaluations, program evaluations, patient charts and NI documentation.

Evaluation form, rotation evaluations and Osteopathic Milestones reviewed with resident.

Resident signature_________________________ Date ____________

Director of Osteopathic Education/ ______________________ Date ____________

Program Director signature