

3. ATTENDING ATTRIBUTES

Demonstrates in-depth knowledge & skills of specialty/subspecialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Provides intellectual stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Incorporates biopsychosocial aspects of medicine into patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Provides teaching during contact hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA

4. OSTEOPATHIC PRINCIPLES

Integrates osteopathic principles/practice in teaching/patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
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5. ROTATION DATA

Average number of patients/day	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-12	<input type="checkbox"/> 13+	NA
Average attending contact hrs/day	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7+	NA
Increased responsibility commensurate with knowledge/experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA	
Conferences provided/week	<input type="checkbox"/> 0	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4+	
Patient case mix	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Superior	
Procedure exposure	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Many	

Balance between service vs. education (*Please circle rank*) 1 2 3 4 5 6 7 8 9 10
(1=All Service and 10=All Education)

6. COMMENTS: _____

7. STRENGTHS: _____

8. AREAS OF IMPROVEMENT: _____

9. OVERALL EVALUATION: Poor Average Above Average Superior

10. RECOMMENDATION

Would you recommend this rotation to another resident? Yes No

If no, please explain. _____