NAMI	E: SERVICE:	_ SERVICE:	
ATTE	NDING(S):		
	tion: Was the educational environment a positive experience? not, why?		No
2.	Were there scheduled lectures and were they given a maj	ority of the tim Yes	
3.	Was the educational experience additive to your current l	Yes	
	If not, why?		
4.	Did the educational component outweigh the service com	-	
	If no, please explain.	Yes	No
Instru	ctional Organization:		
	Were rounds conducted on a daily basis? Yes	No	
	Did you have appropriate patient responsibility? Yes		
	Did you have direct supervision of your activities? Yes		
4.	Did the attending(s) give you feedback on your work and Yes		
5.	Did you receive enough support from your resident? Yes N/A	No	
Self E	valuation:		
	Did you obtain the needed information during this rotation	on? 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 r Yes	-	:?
	If yes, what steps have you/are you taking to reach your		als?

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?

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 Yes \_\_\_\_ No \_\_\_\_ 4. Set realistic goals and objectives? Yes\_\_\_\_ No \_\_\_\_ 5. Serve as a role model? 6. Demonstrates current clinical knowledge? Yes\_\_ No \_\_\_ Yes\_\_\_ 7. Demonstrates good communication skills? No 8. Encourage integration of OMM with your patients Yes No \_\_\_\_ Yes \_\_\_\_ No \_\_\_ 9. Effectively teach integration of OPP/OMM

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?

Resident Signature:

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

Date:

Director of Osteopathic Medicine/Program Director