

Annual Attending Evaluation Form

Attending name: _____ Date: _____

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 ___ |

Recommendation to retain attending as teaching faculty Yes ___ No ___

Yes, but requires counseling ___

If yes, Document counseling:

Director of Osteopathic Education/ Program Director:

_____ Date: _____