

Program Name: _____
Resident Name: _____
Evaluator Name: _____
Date: _____

Competency: Osteopathic Philosophy and Osteopathic Manipulative Treatment

The resident demonstrated competency in his/her understanding and application of OMT in Family Medicine.	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
The resident integrated Osteopathic Concepts and OMT into the medical care that he/she provided to patients as appropriate.	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
The resident understood and integrated Osteopathic Principles and Practices into all clinical and patient care activities.	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Performs an appropriate history and OMM Structural exam	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Formulates and prioritizes a differential diagnosis and treatment plan	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Appropriately charts using OMM forms and somatic dysfunction diagnosis	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Utilizes appropriate diagnostic studies	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Recognizes limitations and seeks help appropriately	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Demonstrates proficiency in performing OMT: list of techniques	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional OMT Techniques:

	<input type="checkbox"/> MFR <input type="checkbox"/> MFR <input type="checkbox"/> S/CS <input type="checkbox"/> FPR <input type="checkbox"/> HVLA <input type="checkbox"/> ARTICULATORY <input type="checkbox"/> CRANIAL <input type="checkbox"/> SOFT TISSUE <input type="checkbox"/> ME <input type="checkbox"/> LYMPHATICS
Demonstrates integration of holistic care	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Demonstrates knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient care and education.	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Effectively teaches other residents, interns and students	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Demonstrates understanding of research methods	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional
Demonstrates knowledge of up-to-date information on osteopathic research able to provide family centered patient care that is developmentally and age appropriate, compassionate and effective for the treatment of health problems and the promotion of health.	<input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional

Resident signature: _____ Date: _____

Attending/PD signature: _____ Date: _____