

AMERICAN OSTEOPATHIC ASSOCIATION PROGRAM DIRECTOR'S ANNUAL REPORT

Name of Program Director _____

Phone Number _____ E-Mail Address _____

Training Institution _____

Mailing Address _____

Name of Resident _____ AOA# _____

Specialty _____

Current Year of Training _____ Report Period: From _____ to _____

INSTRUCTIONS:

As part of its efforts to monitor the educational progress of residents, the American Osteopathic Association asks that you complete a program director's annual report on each osteopathic physician in your program. These reports are reviewed by the specialty colleges and become part of the resident's permanent file. Completion of a residency program requires an annual report from the resident and program director for each year of training.

Please evaluate the performance of the resident within thirty (30) days of the completion of the training year. The completed report should be sent directly to the appropriate specialty college listed on the attached sheet.

This report includes observations of the resident in both in-hospital and ambulatory care settings. Please evaluate the resident in the general areas of medical knowledge and personal qualities using the following rating scale for each of the categories listed below:

1 = Unsatisfactory 2 = Satisfactory 3 = Average 4 = Above Average 5 = Superior

<u>Medical Knowledge and Skills</u>	1	2	3	4	5	N/A
1. Knowledge of basic sciences						_____
2. Understanding of clinical medicine						_____
3. Diagnostic judgement						_____
4. Comprehensiveness and thoroughness of treatment plans						_____
5. Understanding of clinical procedures						_____
6. Technical ability						_____
7. Quality of scientific research						_____
8. Interest in self-directed study and continuing medical education						_____
9. Thoroughness of documentation in H&P's, progress notes, consultation reports, discharge summaries, etc.						_____
10. Critical decision making ability						_____
11. Application of osteopathic principles and practices						_____
12. Knowledge and utilization of behavioral (bio-psychosocial) concepts and skills						_____
13. Overall medical knowledge						_____

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Personal Qualities

- 1. Dedication to medicine _____
- 2. Ethical standards _____
- 3. Acceptance of administrative responsibilities _____
- 4. Interaction with patients and their families (Humanistic skills) _____
- 5. Interaction with other physicians _____
- 6. Interaction with other health professionals _____
- 7. Professional attitude and demeanor _____
- 8. Response to constructive criticism _____
- 9. Leadership capabilities _____

Resident Examination

- 1. Have you reviewed and approved the resident's scientific paper or exhibit?
Comment _____ Yes___ No___ N/A___
- 2. Did the resident participate in the annual resident examination as required by the specialty college?
Comment _____ Yes___ No___ N/A___
- 3. Have you reviewed the results of the resident examination with the resident?
Comment _____ Yes___ No___ N/A___
- 4. Has the resident completed the resident clinical evaluation in a satisfactory manner during this training year, if required?
Yes___ No___ N/A___
Completed prior to this year? Yes___ No___ N/A___
- 5. Has the resident established a panel of patients followed throughout the year in an ambulatory continuing setting? Yes___ No___ N/A___
Indicate the number of patients in the panel _____
Comment _____

Please evaluate the resident in terms of progress in the program, promise as a physician, and in other areas not specifically mentioned above. All comments will be treated confidentially.

This confirms that the resident has completed this year of training. Yes No

This resident has made satisfactory progress in the training program and is capable to proceed into the next year. If no, please submit quarterly evaluations.

Yes No N/A

THE GRADUATING RESIDENT HAS SUCCESSFULLY COMPLETED ALL THE REQUIREMENTS OF THE TRAINING PROGRA, AND IS RECOMMENDED FOR PROGRAM COMPLETE SATUS. IF NO, EXPLAIN.

Yes No N/A

If no, explain: _____

(Signature of Program Director)

(Date)

The following signature verifies that the resident has had the opportunity to review this report.

(Signature of Resident)

(Date)