

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery

4764 Fishburg Road, Suite F, Huber Heights, OH 45424 – 800-455-9404 or 937-233-5653 – Fax 937-233-5673

Email: info@aocooohns.org – Website: www.aocooohns.org

OUTPATIENT CLINICAL SKILLS ASSESSMENT

Resident Name: _____

Date of Evaluation: _____

Faculty Evaluator: _____

Rotation: _____

Check the descriptions that best describe the resident’s performance.

OSTEOPATHIC PHILOSOPHY & PRACTICE

<input type="checkbox"/> Does not incorporate osteopathic concepts into patient care	<input type="checkbox"/> Routinely incorporates osteopathic concepts into patient care	<input type="checkbox"/> Consistently uses osteopathic concepts in patient care
<input type="checkbox"/> Does not interact with patients and families in a caring, compassionate way	<input type="checkbox"/> Routinely interacts with patients and families in a caring, compassionate way	<input type="checkbox"/> Consistently interacts with patients and families in a caring, compassionate way
<input type="checkbox"/> Fails to listen well to patients; complaints heard	<input type="checkbox"/> Listens well to patients	<input type="checkbox"/> Listens carefully to patients; compliments received

PATIENT CARE

<input type="checkbox"/> Uses poor judgment	<input type="checkbox"/> Uses sound judgment	<input type="checkbox"/> Uses exemplary judgment
<input type="checkbox"/> Performs poor patient interviews, exams, and procedures; many errors	<input type="checkbox"/> Performs acceptable patient interviews, exams, and procedures; some errors	<input type="checkbox"/> Performs excellent patient interviews, exams, and procedures; few errors
<input type="checkbox"/> Lacks basic technical skills; needs additional work	<input type="checkbox"/> Demonstrates basic technical skills	<input type="checkbox"/> Demonstrates basic and complex technical skills

MEDICAL KNOWLEDGE

<input type="checkbox"/> Limited basic medical and surgical knowledge; many major gaps	<input type="checkbox"/> Adequate basic medical and surgical knowledge; some gaps	<input type="checkbox"/> Extensive basic medical and surgical knowledge; few gaps
<input type="checkbox"/> Demonstrates poor understanding of complex problems	<input type="checkbox"/> Demonstrates adequate understanding of complex problems	<input type="checkbox"/> Demonstrates thorough understanding of complex problems
<input type="checkbox"/> Shows minimal interest in learning; no evidence of outside reading	<input type="checkbox"/> Shows knowledge of pertinent literature and shares relevant information	<input type="checkbox"/> Shows serious commitment to continuous learning and shares knowledge

PRACTICE-BASED LEARNING & IMPROVEMENT

<input type="checkbox"/> Does not seek, and often ignores feedback	<input type="checkbox"/> Intermittently seeks and accepts feedback	<input type="checkbox"/> Eagerly seeks and accepts feedback
<input type="checkbox"/> Minimizes or fails to conduct self-assessments	<input type="checkbox"/> Conducts intermittent self-assessments	<input type="checkbox"/> Conducts regular self-assessments
<input type="checkbox"/> Avoids or fails to use new technology and evidence-based medicine	<input type="checkbox"/> Intermittently uses new technology and evidence-based medicine	<input type="checkbox"/> Consistently uses new technology and evidence-based medicine

INTERPERSONAL & COMMUNICATION SKILLS

<input type="checkbox"/> Avoids educating or counseling patients	<input type="checkbox"/> Intermittently educates, and counsels patients	<input type="checkbox"/> Consistently educates and counsels patients
<input type="checkbox"/> Has poor relationships with patients/families	<input type="checkbox"/> Maintains satisfactory relationships with patients/families	<input type="checkbox"/> Establishes and maintains excellent relationships with patients/families

PROFESSIONALISM

<input type="checkbox"/> Avoids responsibility for errors; blames others	<input type="checkbox"/> Recognizes and takes responsibility when informed of errors	<input type="checkbox"/> Independently recognizes errors; takes responsibility for correcting them
<input type="checkbox"/> Does not consider the needs of patients and colleagues	<input type="checkbox"/> Usually considers the needs of patients and colleagues	<input type="checkbox"/> Consistently considers the needs of patients and colleagues
<input type="checkbox"/> Not respectful	<input type="checkbox"/> Respectful	<input type="checkbox"/> Consistently respectful
<input type="checkbox"/> Lacks initiative; viewed as a malcontent	<input type="checkbox"/> Takes initiative to help others	<input type="checkbox"/> Anticipates the needs of others and acts accordingly
<input type="checkbox"/> Demonstrates questionable honesty and integrity	<input type="checkbox"/> Demonstrates honesty and integrity	<input type="checkbox"/> Demonstrates undeniable honesty and integrity

SYSTEM-BASED PRACTICE

<input type="checkbox"/> Avoids or resists improving systems of care	<input type="checkbox"/> Works with others to improve systems of care	<input type="checkbox"/> Demonstrates ability to improve systems of care
<input type="checkbox"/> Poor utilization of resources	<input type="checkbox"/> Adequate utilization of resources	<input type="checkbox"/> Excellent utilization of resources
<input type="checkbox"/> Makes no attempt to reduce system errors	<input type="checkbox"/> Works to reduce system errors	<input type="checkbox"/> Demonstrates ability to reduce system errors

TEACHING (Upper Level Residents)

<input type="checkbox"/> Infrequently involved in teaching students or colleagues	<input type="checkbox"/> Frequently teaches students and colleagues	<input type="checkbox"/> Consistently teaches students and colleagues
<input type="checkbox"/> Demonstrates poor teaching skills	<input type="checkbox"/> Demonstrates good basic teaching skills	<input type="checkbox"/> Demonstrates excellent teaching skills
<input type="checkbox"/> Gives poor lectures	<input type="checkbox"/> Gives good lectures	<input type="checkbox"/> Gives outstanding lectures

Signature of Faculty Evaluator: _____

Signature of Resident: _____