

SCS Core Intern Evaluation Components

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| Intern Name: | Evaluation Period from _____ to _____ |
| Service/Rotation: IRMC | This evaluation is based upon <input type="checkbox"/> Close personal observation <input type="checkbox"/> General impression <input type="checkbox"/> Departmental consensus |

| Clinical Criteria: | Not Observed | Un-acceptable | Below Average | Average | Good | Excellent | Truly Superior |
|---------------------------------------------|--------------|---------------|---------------|---------|------|-----------|----------------|
| Application of clinical knowledge | | | | | | | |
| Clinical problem solving skills | | | | | | | |
| Clinical judgement | | | | | | | |
| Ability to function in the clinical setting | | | | | | | |
| Performance of clinical skills | | | | | | | |
| Performance of technical skills | | | | | | | |
| Quality of case presentation | | | | | | | |
| Efficient/organized use of time | | | | | | | |

| Professionalism: | Not Observed | Un-acceptable | Below Average | Average | Good | Excellent | Truly Superior |
|---------------------------------------|--------------|---------------|---------------|---------|------|-----------|----------------|
| Interactions with physicians | | | | | | | |
| Interactions with nurses | | | | | | | |
| Interactions with support staff | | | | | | | |
| Interactions with peers | | | | | | | |
| Interactions with patients/families | | | | | | | |
| Communication skills | | | | | | | |
| Teaching skills | | | | | | | |
| Participates actively in own learning | | | | | | | |
| Response to constructive criticism | | | | | | | |
| Demonstrates interest in medicine | | | | | | | |

| Osteopathic Criteria: | Not Observed | Un-acceptable | Below Average | Average | Good | Excellent | Truly Superior |
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| <i>Extent to which intern integrated the Osteopathic principles:</i> ➤ Body unity ➤ Body structure/function interrelationship ➤ Body self regulation | | | | | | | |
| <i>Extent to which intern demonstrated Osteopathic Practice:</i> ➤ Osteopathic structural assessment ➤ <i>Osteopathic manipulative treatment</i> | | | | | | | |

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| <p>Recommendation for Program Advancement:</p> <p><input type="checkbox"/> Highly and without reservation</p> <p><input type="checkbox"/> Qualified and competent</p> <p><input type="checkbox"/> Do not recommend for program advancement</p> <p><input type="checkbox"/> Pass with the following remedialization (specify on back)</p> | <p>_____ Signature of Attending/Resident Evaluator Date _____</p> <p>_____ Signature of House Staff Member Date _____</p> <p>_____ Signature of DME/ADME Date _____</p> |
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Recorded _____