

SCS Core Intern Evaluation Components

Intern Name:	Evaluation Period from _____ to _____
Service/Rotation:	
IRMC	

Educational Value:	Not Applicable	Un-acceptable	Below Average	Average	Good	Excellent	Truly Superior
% Trainer contributed to education							
▪ Extent which this rotation challenged me to learn							
▪ Amount of reading which I did on this rotation							
Clinical procedures under supervision							
Significance of my patient management responsibilities on this rotation							

Overall Evaluation:	Very Poor	Below Expectations	Average	Good	Excellent	Truly Superior
My overall evaluation of this rotation						
How I felt I performed during this rotation						
My opinion about this rotation prior to starting it						
Extent to which I sought feedback about my performance						
Constructiveness of feedback I received on my performance						
Extent of flexibility which this rotation required of me						
Extent of my understanding of the expectation of me during this rotation						

Osteopathic Criteria:	Not Observed	Very Little	Below Average	Average	Good	Truly Superior
<i>Extent to which trainers integrated the Osteopathic principles:</i>						
➤ Body unity						
➤ Body structure/function interrelationship						
➤ Body self regulation						
<i>Extent to which trainers demonstrated Osteopathic Practice:</i>						
➤ Osteopathic structural assessment						
➤ Osteopathic manipulative treatment						

Other comments about this rotation:
Strengths:
Weaknesses:
How can it be improved:

DME/ADME Signature _____ Date _____ Recorded _____

