

**ACOFP
Core Competency
Program Director Annual Evaluation**

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| Resident Name | |
| Year of Training | <input type="checkbox"/> OGME 1 <input type="checkbox"/> OGME 2 <input type="checkbox"/> OGME 3 <input type="checkbox"/> OGME 4 <input type="checkbox"/> OGME 5 |
| Training Year Dates | |

| Competency 1: Osteopathic Philosophy and Osteopathic Manipulative Medicine | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 | 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 |
| 1.2 | 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 |
| 1.3 | 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 |
| Competency 2: Medical Knowledge | | |
| 2.1 | The resident demonstrated competency in the understanding and application of clinical medicine to patient care. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 2.2 | The resident knows and applies the foundations of clinical and behavioral medicine appropriate to Family Medicine. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| Competency 3: Patient Care | | |
| 3.1 | Gathered accurate, essential information from all sources, including medical interviews, physical examinations, medical records, diagnostic/therapeutic plans, and treatments. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 3.2 | The resident validated competency in the performance of diagnosis, treatment and procedures appropriate to Family Medicine. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 3.3 | The resident provided health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency |

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|--|-----------|--------------------------------------|
| | evidence. | <input type="checkbox"/> Exceptional |
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| Competency 4: Interpersonal and Communication Skills | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1 | The resident demonstrated effectiveness in developing appropriate doctor-patient relationships. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 4.2 | The resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families and other health professionals. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| Competency 5: Professionalism | | |
| 5.1 | The resident demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient's welfare and autonomy. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 5.2 | The resident adhered to ethical principles in the practice of medicine. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 5.3 | The resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| Competency 6: Practice-Based Learning and Improvement | | |
| 6.1 | The resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 6.2 | The resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 6.3 | The resident understood research methods, medical informatics, and the application technology as applied to medicine. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| Competency 7: System-Based Practice | | |
| 7.1 | The resident understands national and local health care delivery systems and how they affect patient care and professional practice. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |
| 7.2 | The resident advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system. | <input type="checkbox"/> Deficient <input type="checkbox"/> Appropriate for level of training <input type="checkbox"/> Meets competency <input type="checkbox"/> Exceptional |

The following is to be utilized for residents who are completing OGME 1 or OGME 2:

1. This certifies that the resident completed all specialty requirements for this year of training as defined in the Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment:

Yes No

2. This certifies that the he resident has made satisfactory progress in the training program and is promoted to the next year of training:

Yes No

Signature of Program Director Date

Signature of Resident Date

The following is to be utilized for residents who are completing the final year of training:

1. This certifies that the resident completed all core competency requirements and all specialty requirements for this year of training as defined in the Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment:

Yes No

2. This certifies that this graduating resident has successfully completed all requirements of the training program and is recommended for program complete status:

Yes No

Signature of Program Director Date

Signature of Resident Date