



**CARDIOLOGY FELLOWSHIP
CASE PRESENTATION EVALUATION**

FELLOW: _____ ATTENDING PHYSICIAN: _____
TOPIC: _____
DATE: _____

1 = Did Not Meet Basic Standards 2= Met Minimum Standards 3= Met All Standards 4= Exceeded All Standards

Osteopathic Philosophy / Osteopathic Manipulative Medicine

(1) (2) (3) (4)

1. Osteopathic concepts and/or OMT was integrated into Presentation.

Medical Knowledge

1. Demonstrated Competency in the understanding and application Of clinical medicine as applied to topic presented.
2. Knows and applies the foundations of clinical and behavioral Medicine.
3. Demonstrates strong understanding of standard of care Guidelines for presented disease state.

Patient Care:

1. Gathered accurate, essential information from all sources Including histories and physical exams, medical records, Diagnostic/ therapeutic plans and treatments.
2. Validated competency in the performance of diagnosis, treatment And management.
3. Provided Insight into health care consistent with **osteopathic Philosophy**, including preventative medicine and health promotion Based on current scientific evidence and **guidelines**.

Interpersonal and Communication Skills:

1. Exhibited effective written and oral skills, both with regard to Doctor/patient/peer relationships; as well as in preparation and Presentation of this case.

Professionalism:

1. Adhered to ethical principals in the practice of medicine
2. Demonstrated awareness and proper attention to issues of Culture, religion, age, gender, sexual orientation, and mental And physical disabilities.

Practice-Based Learning and Improvement:

1. Addressed presentation in a manner consistent with the most Current information on diagnostic and therapeutic effectiveness
2. Understood and applied research methods, medical informatics And the application of technology as applied to medicine

Systems-Based Practice:

1. Demonstrated awareness of local health care delivery system And how it affects patient care and professional practice.

Please Complete Both Sides of Form

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Written Comments:

Strong Points:

Areas for Improvement:

Primary Evaluator

Printed Name

Date

Fellow Signature (After Review)

Print Name

Date

Program Director

Date