



**PROGRAM EVALUATION
AS COMPLETED BY THE RESIDENT**

INSTRUCTIONS:

A copy of this report is to be submitted to the American Osteopathic College of Radiology (AOOCR), within thirty (30) days of completion of each year of diagnostic radiology residency training.

Name of Resident: _____

Training Institution: _____

Year of Training for This Report: OGME 2 OGME 3 OGME 4 OGME 5

Report Period: From: _____ / _____ / _____ To: _____ / _____ / _____
mo/dy/yr mo/dy/yr

1. Is your resident file/portfolio complete for the period of this report? Yes No
If not, why?

2. Are all your cases reviewed prior to the final report of dictation being released? Yes No

3. Do you feel that the scope and variety of cases you see is adequate? Yes No

4. Please evaluate the following on a scale from 1-5 using the rating criteria below:
1 = unacceptable
2 = adequate with room for improvement
3 = acceptable
4 = outstanding

1 2 3 4

Level of supervision for year of training

Faculty and staff demonstration of interest in providing resident education

Instruction provided by faculty

Balance between education and service obligations

5. Please provide any comments including the strengths and weaknesses of the program and that you feel would be of benefit.