

**American College of Osteopathic Surgeons  
OGME-1R Resident's Quarterly Report for  
General Surgery, Neurological Surgery, and Urological Surgery**

**Instructions:** This report must be completed within 30 days of the end of the quarter (October 31, January 31, April 30, and July 31) and submitted to the ACOS. (ACOS, 123 N. Henry Street, Alexandria, VA 22314, fax: (703) 684-3280, or electronically to [srall@facos.org](mailto:srall@facos.org))

Name of Resident \_\_\_\_\_ AOA Number \_\_\_\_\_

Training Institution \_\_\_\_\_ ID Number \_\_\_\_\_

Name of Program Director \_\_\_\_\_ Specialty \_\_\_\_\_

Reporting Period: From \_\_\_\_ To \_\_\_\_ Rotations Completed This Quarter: \_\_\_\_\_

**Rate the following aspects of the AOA Core Competencies on a scale of 1 to 5 by circling the corresponding number: 1=Unsatisfactory; 2=Marginal; 3=Satisfactory; 4=Above Average; 5=Superior**

1. Understanding of clinical surgery	1	2	3	4	5
2. Diagnostic Judgment	1	2	3	4	5
3. Technical Surgical Skills	1	2	3	4	5
4. Thoroughness of documentation of medical records	1	2	3	4	5
5. Decision-making ability	1	2	3	4	5
6. General Medical Knowledge	1	2	3	4	5
7. Ethical Standards	1	2	3	4	5
8. Interactions with patients and their families	1	2	3	4	5
9. Interactions with physicians and other health professionals	1	2	3	4	5
10. Professional attitude and demeanor	1	2	3	4	5
11. Response to constructive criticism	1	2	3	4	5

If the resident is on an out rotation did you send a report to the institution where the resident is training? Yes \_\_\_ No \_\_\_

If the resident is on an out rotation did you receive a report from the trainer responsible for the resident? Yes \_\_\_ No \_\_\_

Did the resident make satisfactory progress in the training program this quarter? Yes \_\_\_ No \_\_\_

**Last Quarter Only:** Did the resident satisfactorily complete this OGME-1R training and is now ready to progress to the second year of osteopathic surgery residency training (OGME-2)? Yes \_\_\_ No \_\_\_

To the best of my knowledge, this information is accurate and is a true representation of the resident's knowledge and capabilities.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

Note: This form is not intended to replace local evaluation forms used by the program in the evaluation of residents.