

Dongguk University Los Angeles Oriental Medical Center

Level 2 / Level 3 Intern Evaluation

Intern Name: _____ Intern ID: _____ Quarter _____ 20_____

Evaluation Date: ____/____/____ Intern Level: Level 2 _____ Level 3 _____

This form is for Clinical Faculty to evaluate his/her Level 2 and Level 3 interns. It is one of several methods used by DULA. To assess our clinical program and the overall quality of student education. This evaluation will be reviewed by the Director of OMC and Academic Dean. Please answer the following questions on 1-5 scale.

Passing score is 70% and above.

5 = Excellent, 4 = Good, 3 = Average, 2 = Need improvement, 1 = Poor, N/A = Not Applicable						
AOM1	Gathers information necessary to form an adequate diagnosis	5	4	3	2	1 N/A
AOM2	Formulates a differential diagnosis based on chief complaint, major symptoms, and knowledge of pattern identification	5	4	3	2	1 N/A
AOM3	Formulates treatment principle and strategy based upon differential diagnosis	5	4	3	2	1 N/A
BIO1	Understand western medical indications and diagnosis	5	4	3	2	1 N/A
BIO2	Perform complete physical examinations and explain relevance of findings	5	4	3	2	1 N/A
BIO3	Demonstrates appropriate referral processes for integrative medicine	5	4	3	2	1 N/A
ACU1	Perform acupuncture treatment based on professional safety standards and CNT protocol	5	4	3	2	1 N/A
ACU2	Demonstrates acupuncture treatment with accurate point location and technique	5	4	3	2	1 N/A
ACU3	Develops effective acupuncture point prescriptions	5	4	3	2	1 N/A
ACU4	Demonstrates effective use of adjunctive therapies	5	4	3	2	1 N/A
HBM1	Demonstrates knowledge of herbal quality and safety	5	4	3	2	1 N/A
HBM2	Demonstrates effective use of single herbs for desired therapeutic effect	5	4	3	2	1 N/A
HBM3	Develops a comprehensive herbal treatment plan based on patient's presentation and diagnosis	5	4	3	2	1 N/A
HBM4	Practices effective patient management of herbal prescriptions	5	4	3	2	1 N/A
PRO1	Demonstrates effective counseling on proper diet/nutrition and healthy life style	5	4	3	2	1 N/A
PRO2	Demonstrates professionalism and dress properly in accordance with the regulation	5	4	3	2	1 N/A
PRO3	Demonstrates effective time management	5	4	3	2	1 N/A
PRO4	Is respectful and cooperative to clinic supervisor in a professional manner	5	4	3	2	1 N/A

Please, provide your comment or suggestion if any;

Evaluator: _____ Signature: _____