

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY  
360-DEGREE EVALUATION FORM**

**Resident:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Evaluator Job Title:** \_\_\_\_\_

Please indicate to what extent you agree or disagree with the following statements about this resident:

**Interpersonal and Communication Skills**

This resident:	Strongly Agree	Agree	Disagree	Strongly Disagree	Can't Assess
1. Creates and sustains therapeutic and ethically sound relationships with patients	_____	_____	_____	_____	_____
2. Uses effective listening skills	_____	_____	_____	_____	_____
3. Uses effective verbal, nonverbal, and written communication skills	_____	_____	_____	_____	_____
4. Works effectively with others as a member or leader of a team	_____	_____	_____	_____	_____

**Professionalism**

This resident:	Strongly Agree	Agree	Disagree	Strongly Disagree	Can't Assess
1. Demonstrates respect, compassion, and integrity	_____	_____	_____	_____	_____
2. Demonstrates accountability, conscientiousness	_____	_____	_____	_____	_____
3. Shows a commitment to ethical principles pertaining to provision/withholding of care, confidentiality of patient information, informed consent, business practices	_____	_____	_____	_____	_____
4. Displays appropriate dress, attendance, and professional conduct	_____	_____	_____	_____	_____

**Systems-Based Practice**

This resident:	Strongly Agree	Agree	Disagree	Strongly Disagree	Can't Assess
1. Advocates for quality patient care and helps patients deal with system complexities	_____	_____	_____	_____	_____

**Please provide any written comments about this resident on the back of this page, and return to the Psychiatry Residency Office at Box 356560 or fax: 206-685-8952. Thank you!**