

**University of Washington Psychiatry Residency Training Program
PSYCHOTHERAPY SEMINAR EVALUATION**

Seminar Leader: _____
Evaluated by: _____

Seminar: _____
Year: _____

PLEASE NOTE THAT YOUR EVALUATION OF YOUR SEMINAR AND SEMINAR LEADER IS CONFIDENTIAL. THE RESIDENCY STAFF WILL TYPE YOUR COMMENTS, MERGE THEM WITH THOSE OF OTHER RESIDENTS AND AVERAGE YOUR NUMERICAL RATINGS WITH THOSE OF OTHER RESIDENTS TAKING THIS SEMINAR THIS YEAR. THIS FORM WILL THEN BE DESTROYED AND WILL NOT BE SENT TO YOUR SEMINAR LEADER.

Please rate your attending/supervisor using the following rating scale:

1 Poor	4 Very Good
2 Fair	5 Excellent
3 Good	N/A Not applicable/Unable to assess

Please rate the following regarding the seminar:	P	F	G	VG	E	N/A
1. Convenience of time and location	1	2	3	4	5	N/A
2. Usefulness of textbook and readings	1	2	3	4	5	N/A
3. Organization	1	2	3	4	5	N/A
4. Interest to you	1	2	3	4	5	N/A
5. Overall effectiveness in providing an overview of this psychotherapeutic modality appropriate to your stage of training	1	2	3	4	5	N/A

Please rate the following regarding your seminar leader(s):	P	F	G	VG	E	N/A
1. Skill and knowledge in this type of psychotherapy	1	2	3	4	5	N/A
2. Enthusiasm and stimulation of the learning process	1	2	3	4	5	N/A
3. Helpfulness and responsiveness	1	2	3	4	5	N/A
4. Clarity	1	2	3	4	5	N/A
5. Organization	1	2	3	4	5	N/A
6. Effective use of case material, readings	1	2	3	4	5	N/A
7. Courtesy and respect for trainees	1	2	3	4	5	N/A
8. Modeling of interpersonal qualities of integrity, ethical and professional behavior, empathy, and compassion	1	2	3	4	5	N/A
9. Overall teaching effectiveness	1	2	3	4	5	

OVER

**University of Washington Psychiatry Residency Training Program
ATTENDING/SUPERVISOR EVALUATION (Continued)**

Please comment on the particular strengths of your seminar leader(s):

Please provide constructive feedback to your seminar leader(s) about areas for improvement:

Please comment on strengths of this psychotherapy seminar:

Please provide constructive feedback about areas for improvement in this seminar:

**Please return this form to:
Psychiatry Residency Training Office
Box 356560
FAX (206) 685-8952**