

University of Washington Psychiatry Residency Training Program

ATTENDING/SUPERVISOR EVALUATION

Attending/Supervisor: _____
Evaluated by: _____

Service: _____
Service Period: _____

PLEASE NOTE THAT YOUR EVALUATION OF YOUR ATTENDING/SUPERVISOR 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 SUPERVISED BY YOUR ATTENDING/SUPERVISOR THIS YEAR. THIS FORM WILL THEN BE DESTROYED AND WILL NOT BE SENT TO YOUR ATTENDING SUPERVISOR.

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 |

My attending:	P	F	G	VG	E	N/A
1. Was available when I needed him/her	1	2	3	4	5	N/A
2. Provided an appropriate balance of supervision and autonomy	1	2	3	4	5	N/A
3. Was skilled and knowledgeable	1	2	3	4	5	N/A
4. Modeled patient interviews/clinical skills for me	1	2	3	4	5	N/A
5. Observed me interviewing/treating patients (in person/by videotape/by audiotape)	1	2	3	4	5	N/A
6. Modeled effective interactions with the multidisciplinary treatment team	1	2	3	4	5	N/A
7. Reviewed my notes and discharge summaries	1	2	3	4	5	N/A
8. Modeled effective interactions with other physicians (e.g. consultants, outpatient providers), and with insurance and managed care companies	1	2	3	4	5	N/A
9. Provided an adequate amount of supervision (for inpatient, ER, and consult rotations, this should include one hour of individual supervision per week)	1	2	3	4	5	N/A
10. Provided me with relevant readings and encouraged me to consult the literature to improve patient care	1	2	3	4	5	N/A
11. Gave me clear feedback and specific, constructive suggestions for improvement on at least two occasions (halfway through and at the end of the rotation)	1	2	3	4	5	N/A
12. Treated me with courtesy and respect	1	2	3	4	5	N/A
13. Modeled interpersonal qualities of integrity, ethical and professional behavior, empathy, and compassion	1	2	3	4	5	N/A
14. Was enthusiastic and stimulated the learning process	1	2	3	4	5	N/A
15. Was helpful and responsive	1	2	3	4	5	N/A
16. Please rate the overall quality of your attending/supervisor's teaching	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 attending/supervisor:

Please provide constructive feedback to your attending/supervisor about areas for improvement:

Please comment on strengths of this rotation:

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

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