

Psychiatry Residency Training Program

Resident Evaluation Form - Geriatric Psychiatry

Resident: _____

Service: _____

Evaluated by: _____

Service Period: _____

All residents should be evaluated at least once during each rotation by the resident's supervisor for that rotation. Please evaluate this resident's progress in achieving the following objectives for this rotation:

O = Outstanding

A = Above average

P = Proficient/meets expectations

E = Emerging

N = Needs attention

NA = Not applicable/unable to assess

Patient Care

_____ Performs initial assessments of elderly patients, including evaluation of neuropsychiatric symptoms, cognitive and functional abilities, and medical comorbidity.

_____ Able to diagnose dementia and to diagnose and understand unique aspects of depression presenting in elderly patients with complex medical problems.

_____ Generates initial treatment plans, including appropriate first-line treatment modalities and management strategies.

Knowledge

_____ Displays adequate knowledge of geriatric psychiatry.

Practice-Based Learning and Improvement

_____ Locates and critically appraises scientific literature relevant to patient care; regularly uses information technology in the service of patient care.

_____ Participates in practice-based improvement activities (CQI).

Interpersonal and Communication Skills

_____ Creates and sustains effective therapeutic relationships with patients and families; displays empathic listening skills.

_____ Works effectively with health care professionals (including those from other disciplines), colleagues, and staff to provide patient-focused care.

Professionalism

_____ Demonstrates respect for others, compassion.

_____ Demonstrates integrity, accountability, responsible and ethical behavior.

_____ Demonstrates understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

Systems-Based Practice

_____ Adequately assess the nature and quality of the patient's caregiving network, including primary care physicians, subspecialty physicians, family members, social network, nursing home staff.

Educational Attitude

_____ Open to supervision; accepts constructive criticism.

_____ Seeks direction when appropriate; eager to learn.

Observations concerning particular strengths of the resident:

Suggestions concerning additional strengths which should be developed by the resident:

Overall appraisal of the resident's performance:

- met or exceeded expectations for his/her level of training
- suggestions for improvement are being followed
- an informal review by the Site Coordination Committee could be useful
- unsatisfactory performance. I recommend:

This evaluation has been reviewed and discussed with me.

Resident Signature: _____ **Supervisor Signature:** _____

Please return this form to the Residency Training Office at Box 356560 or by fax at (206) 685-8952.