

Psychiatry Residency Training Program

Resident Evaluation Form – Long Term Care Clinic

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 comprehensive, pertinent diagnostic interviews.

_____ Develops thorough differential diagnoses.

_____ Formulates and carries out appropriate treatment plans.

_____ Has treated at least four patients for 12 months or more, with at least two being initially psychotic and two being initially non-psychotic. If this goal has not been achieved as yet, please specify how many patients have been followed for 12 months or more at this time: _____ initially psychotic _____ initially non-psychotic

Knowledge

_____ Displays appropriate knowledge of basic and clinical sciences relevant to 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

_____ Displays an understanding of the health care system and of the broader context of the patient's care; effectively accesses and utilizes resources; practices cost effective care.

_____ Appropriately advocates for quality patient care; helps patients with system complexities.

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.