

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY
EVALUATION OF PGY-3/PGY-4 SUPERVISORY CAPABILITY**

Resident Name: _____

PGY-level: ___ 3 ___ 4

Evaluator Name: _____

Date: _____

This resident has demonstrated the ability to (circle rating):

	No	Emerging	Yes
Elicit important information missing from a case presentation (including SI, HI)*	N	E	Y
Elicit the supervisee's assessment, differential diagnosis, and treatment plan	N	E	Y
Discuss assessment and differential diagnosis with the supervisee*	N	E	Y
Discuss level of care and treatment options with the supervisee*	N	E	Y
Effectively communicate specific positive and constructive feedback	N	E	Y
Treat the supervisee with courtesy and respect*	N	E	Y

* resident must have a "yes" rating on these items, and at least an "emerging" rating on the other items in order to supervise junior residents

Comments and suggestions for improvement:

Evaluator Signature: _____

