

**University of Washington Psychiatry Residency Program
SEMIANNUAL EVALUATION FORM**

Every 6 months while on psychiatry rotations, each resident is required to meet with her/his faculty advisor for a semiannual evaluation, to review the resident's progress in the program. Please give this form to your faculty advisor to fill out after your semiannual meeting and to return to the Residency Office (Box 356560 or fax 206-685-8952) by December 31 and June 30. Thank you.

Resident: _____ **Period:** _____
Faculty Advisor: _____

Please check all that apply:

- _____ I have met with Dr. _____ during this period for his/her semiannual evaluation, to discuss her/his progress in the program.
- _____ I have reviewed the evaluations and other documentation sent to me by the Residency Office.
- _____ I have reviewed the resident's log summary for adequate variety of patients by age, gender, diagnosis, and treatment modality.

Concerns/comments: _____

_____ I have reviewed the educational goals and objectives for this resident's PGY-level.

This resident:

- _____ has met these educational goals and objectives
- _____ is making good progress toward meeting these goals and objectives
- _____ is having difficulty meeting these goals and objectives
- _____ Specific goals as yet unmet:

_____ This resident needs remediation and/or extra assistance in the following areas:

- _____ I have reviewed the resident's caseload and experience for ethnic/cultural issues and:
 - _____ this resident needs a supervisor attuned to her/his ethnic/cultural background
 - _____ this resident needs education in sensitivity to minority cultures
 - _____ this IMG resident needs education about American cultures/subcultures

This resident has set the following learning goals for the next 6 months:

Please record in the table below the resident's progress on the milestones listed:

Milestone	Yes	No	Partially Met	Cannot Assess
Displays openness to feedback (PROF2, 1.4)				
Follows institutional policies for physician conduct (PROF2, 2.2)				
Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed (PROF2, 3.1)				
Recognizes the tension between the needs of personal/family life and professional responsibilities, and its effect on medical care (PROF2, 3.2)				
Recognizes the importance of participating in one's professional community (PROF2, 3.3)				
Prioritizes and balances conflicting interests of self, family, and others to optimize patient care and practice of profession (PROF2, 4.2)				
Uses feedback from teachers and colleagues to assess own knowledge and expertise (PBLI1, 1.1)				
Identifies self-directed learning goals and periodically reviews them with supervisory guidance (PBLI1, 2.2)				
Demonstrates a balanced and accurate self-assessment of competence (PBLI1, 3.1)				
Identifies and meets self-directed learning goals with little external guidance (PBLI1, 4.2)				

Additional Comments:

Date: _____ **Advisor Signature:** _____