Psychiatry Residency Training Program
Resident Evaluation Form - Addiction 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  E = Emerging
A = Above average  N = Needs attention
P = Proficient/meets expectations  NA = Not applicable/unable to assess

**Patient Care**

Performs comprehensive evaluations of patients with substance use disorders, including assessment of associated medical, legal, and psychosocial consequences of substance use; social support and psychosocial stressors; prior history of and risk for withdrawal syndromes; and comorbid primary and secondary psychiatric conditions.

Displays the ability to diagnose DSM-IV substance use disorders and to assess their severity.

Develops comprehensive stabilization and treatment plans for patients with substance use disorders, integrating various treatment modalities as appropriate.

Displays clinical skills in the treatment of patients with substance use disorders and dual disorders, including an understanding of the indications for and basic principles of pharmacologic, psychoeducational, group, and/or individual therapy approaches.

**Knowledge**

Displays knowledge of the expected symptoms, risks, course, and treatment of intoxication with, addiction to, and withdrawal from alcohol and other commonly used drugs, such as cocaine, marijuana, stimulants, opiates, hallucinogens, and sedative-hypnotics.

Displays knowledge of how coexisting substance use and other psychiatric disorders (“dual diagnosis”) can interact and exacerbate each other, and the implications of these interactions for treatment.

**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 as part of a multidisciplinary team in the care of patients with substance use disorders with or without coexisting psychiatric disorders.

**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.

**Leadership**

Displays effective team leadership skills, including the ability to triage, prioritize tasks, and delegate work as appropriate.

______ Displays skills in teaching and supervising medical students.

**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.

(Revised 6-19-02)