Psychiatry Residency Training Program
Resident Evaluation Form - Forensic 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 comprehensive evaluations of defendants, including assessment of competency to stand trial, sanity, diminished capacity/mens rea, and dangerousness.

Displays the ability to diagnose mental disorders using DSM-IV and other legally relevant nosological approaches.

Develops an understanding of the relevance of clinical material and psychiatric models of behavior to legal standards.

Displays clinical skills in the treatment of patients in forensic settings, including an understanding of the indications for and basic principles of pharmacologic, psychoeducational, group, and/or individual therapy approaches; participates in the development of appropriate treatment plans.

Knowledge

Displays broad general knowledge of the expected signs, symptoms, course, treatment, and social manifestations of mental disorders (including personality disorders), substance abuse disorders, and the psychiatric expression of medical disorders.

Displays knowledge of historical and clinical risk factors for violence and criminality and of interventions designed to address these risk factors.

Displays an understanding of malingering, factitious disorders, and symptom exaggeration.

Practice-Based Learning and Improvement

Locates and critically appraises scientific literature relevant to forensic questions and/or clinical care; regularly uses information technology in the service of patient care and forensic evaluation.

Locates and properly utilizes legal and medico-legal information such as statutes, case law, polices, codes, and forensic texts.

Participates in practice-based improvement activities (CQI).

Interpersonal and Communication Skills

Ethically and sensitively obtains information from patients, families, and other sources of collateral information; displays empathic and critical listening skills.

Works effectively as part of a multidisciplinary team in the evaluation and/or care of persons in forensic settings.

Writes thorough, clear and well-reasoned forensic reports.

Testifies relevantly and accurately about forensic implications of clinical material.

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 relationship between the health care system and the legal system; effectively accesses and utilizes resources; practices cost effectively.

Displays and applies an understanding of the differing roles of forensic evaluator and clinical practitioner.

 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)