

360° EVALUATION OF RESIDENT ON CLINICAL ROTATION

The Delaware Psychiatry Residency Program, 1901 N DuPont Highway, Springer Building, New Castle, DE 19720

Fax: (302) 255-4452 email: Sandra.anthony@state.de.us; imran.tirmizi@state.de.us

Mail or email completed form to the residency office

Date of Evaluation		Resident Name:		<input type="checkbox"/> PGY-I	<input type="checkbox"/> PGY-II	<input type="checkbox"/> PGY-III	<input type="checkbox"/> PGY-IV
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Rotation/Location:		Dates of Rotation:		TO	
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Name of Evaluator:		Title:		
Average number of hours spent with the resident per week:	<input type="checkbox"/> 2 Hours or Less	<input type="checkbox"/> 2-5 Hours	<input type="checkbox"/> 5 - 15 Hours	<input type="checkbox"/> 15 Hours or More

Instructions: Double-click on the appropriate number in each area and comment accordingly. Use a rating of "5" for a standard/average level of knowledge, skills, and attitudes expected from a resident at this stage of training. **Explain in detail why the specific grade was given to the resident in the space provided below the questions. Please type in your full name in the signature box before emailing this form.**

- 1. PATIENT CARE** (Interviewing Skills; physical examination; essential procedures; analysis of critical data; decision based on evidence and patient preference; provide compassionate and effective patient care):

Not Applicable
 Unsatisfactory
 Average
 Superior

Additional Comments:	
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- 2. MEDICAL KNOWLEDGE** (Demonstrates knowledge about established and evolving cognitive-behavioral, biomedical and clinical sciences and its application in patient care; knowledge of basic/clinical sciences; understanding of complex relationships; understanding mechanisms of diseases, knowledge of illness and interest in learning):

Not Applicable
 Unsatisfactory
 Average
 Superior

Additional Comments:	
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- 3. PRACTICE BASED LEARNING AND SELF IMPROVEMENT** (Investigates and evaluates patient care practices, appraises and assimilates scientific evidence in improving patient care practices; ability to evaluate own clinical performance; ability to accept and incorporate feedback; pursuit of self improvement):

Not Applicable
 -1
 -2
 -3
 -4
 -5
 -6
 -7
 -8
 -9
 Superior

Additional Comments:	
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4. INTERPERSONAL AND COMMUNICATION SKILLS (Demonstrates interpersonal and communication skills that result in effective information exchange with patients, their families and professional associates; ability to establish a therapeutic relationship with patients/families; ability to listen and use non-verbal skills; ability to educate and counsel patients/families; ability to work as a team, effective documentation and medical record keeping):

Not Applicable
 -1 -2 -3 -4 -5 -6 -7 -8 -9
Unsatisfactory **Average** **Superior**

Additional Comments:	
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5. PROFESSIONALISM (Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; demonstrates compassion, respect, and honesty; role models responsibility and acknowledges errors; consider needs of patients/families/colleagues; appreciates ethical and legal aspects of medical care):

Not Applicable
 -1 -2 -3 -4 -5 -6 -7 -8 -9
Unsatisfactory **Average** **Superior**

Additional Comments:	
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6. SYSTEM BASED PRACTISE LEARNING (Demonstrates awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value; uses systemic approaches to reduce errors and improve performance; effectiveness in utilizing resources; effort to improve system of care):

Not Applicable
 -1 -2 -3 -4 -5 -6 -7 -8 -9
Unsatisfactory **Average** **Superior**

Additional Comments:	
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RESIDENT OVERALL CLINICAL COMPETENCE AND PERFORMANCE:

Not Applicable
 -1 -2 -3 -4 -5 -6 -7 -8 -9
Unsatisfactory **Average** **Superior**

Additional Comments:	
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Was this evaluation reviewed with the resident: Yes No

Signature of Evaluator	Date	Signature of Resident	Date