RESIDENT EVALUATION OF 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:	PGY-I	PGY-II PGY-III PGY-IV
Rotation/Loc	ation:	Dates of Rotation:	то

Name of Supervisor(s):	Title:					
Average number of hours per week on rotation:						
Estimated on-call hours per week while on rotation:						
Estimated hours spend on didactics/lectures per week on rotation:						
Estimated total number of unduplicated patients treated on rotation:						
Instructions: Double-click on the appropriate number in each area and comment acc Explain in detail why the specific grade was given to the supervisor/attending in t						
full name in the signature box before emailing. Please return this form no later than o						
1. PATIENT CARE (Goals and objectives of rotation clearly identified population adequate for personal growth; time allotted for direct patient opportunities and autonomy on service; leadership encouraged):						
🗌 - Not Applicable 🔛 - Inadequate 🔛 - Adequ	uate 🗌 - Superior 🗌 - Excessive					
Additional Comments:						
2. EDUCATION (Quality of teaching by supervisor and/or staff; educational sessions offered either individually or in small groups; reading material suggested or provided; evidence-based approaches encouraged):						
🗌 - Not Applicable 📄 - Inadequate 📄 - Adeq	uate 🗌 - Superior 🗌 - Excessive					
Additional Comments:						
3. SUPERVISION (Supervisor modeled clinical skills, attitudes, and proprovided by attending; time set aside for individual supervision):	ofessional behaviors; patient centered supervision					
🗌 - Not Applicable 🔛 - Inadequate 🗌 - Adequ	uate 🗌 - Superior 🔲 - Excessive					
Additional Comments:						
4. FEEDBACK (Constructive criticism provided in a timely fashion):						
🗌 - Not Applicable 🔛 - Inadequate 🔛 - Adequ	uate 🗌 - Superior 🗌 - Excessive					
Additional Comments:						

Page.

5. SYSTEM BASED PRACTISE (Integration with multi-disciplinary team and outside agencies; collaboration encouraged with other departments and consultants):

	- Not Applicable	🗌 - Inadequate	🗌 - Adequate	- Superior	- Excessive		
Additional Comments:							
6. PROFESSIONALISM (Demonstrates compassion, respect, and honesty; models responsibility and acknowledges errors; considers needs of patients/families/colleagues/appreciates ethical and legal aspects of medical care):							
	- Not Applicable	🗌 - Inadequate	🗌 - Adequate	- Superior	- Excessive		
Additional Comments:							
HOW DOES THIS ROTATION COMPARE TO OTHER ROTATIONS: 1 2 3 4 5 6 7 8 9 Unsatisfactory Average Superior							
OVERALL RATIN	G OF THIS ROTATION	<u> </u>	□ -2 □ -3 □]-4 🗌 -5 🔲 -6	6 -7 -8 -9		
		U	Insatisfactory	Average	Superior		

What was the most important skill, behavior, attitude, or piece of information learned from this rotation?

What would have made this rotation more educational or beneficial?

Additional Comments: Please use language that will provide the rotation/supervisor with specific suggestions and directions for further learning and development. Please identify areas of strength and areas that could use improvement.

Signature of Resident	Date

Revised 12/15/08

Use reverse side or attach pages for additional info