

Evaluation Form for Inpatient Supervisor

RESIDENT'S NAME: _____

SUPERVISOR'S NAME: _____

Service: _____ **Dates of Rotation:** _____

Please check one: **PGY-I** **PGY-II** **PGY-III**

Please rate the resident, compared to expectations for Stanford residents at this level, on the following aspects of supervision by checking the appropriate box. **For COMMENTS, please check the box and elaborate on p.3, making reference to the specific item number addressed. We do not want these forms to replace face-to-face feedback so please discuss your evaluation with the resident and indicate that you have done so on p. 3. We also ask that you provide feedback to the resident mid-way the rotation.**

	Below Expected	Expected	Above Expected	N/A	√ (see comments)
Patient Care					
1. Ability to interview, elicit & document a comprehensive psychiatric history and mental status exam					
2. Ability to develop and document a DSM-IV multiaxial differential diagnosis and treatment plan for the following disorders: Affective, Psychotic, Anxiety, Eating, Substance abuse, Pain, Personality					
3. Ability to assess, document, and intervene regarding suicidal or homicidal risk and/or other emergencies					
4. Ability to develop reasonable treatment goals & overall strategy for patients					
5. Demonstrates good organizational skills					
6. Ability to conduct supportive psychotherapy					
Medical Knowledge					
7. Ability to understand the phenomenology and the course of severe psychiatric disorders					
8. Ability to manage acutely ill patients, including the medical aspects of psychiatric care					
9. Knowledge of indications for dosing, side effects and drug interactions of : Antipsychotics, Antidepressants, Anxiolytics, Mood stabilizers, etc.					
10. Knowledge of substances of abuse and management of toxicity and withdrawal					
11. Knowledge of therapeutic use of ECT					
12. Understanding and ability to implement legal aspects of inpatient practice					
Practice-Based Learning and Improvement					
13. Ability to reference & use the research literature pertinent to clinical care					
	Below Expected	Expected	Above Expected	N/A	√ (see comments)
Interpersonal and Communication Skills					
14. Ability to write a comprehensive, organized medical note					
15. Ability to be socioculturally sensitive					
16. Ability to communicate effectively & work with a multidisciplinary treatment team					

Is there anything that should be known by the Evaluation Committee that would prevent this resident from being promoted to the next level? If yes, please describe (use back if necessary):

- I have met with the resident to provide feedback mid-way through the rotation**
- I have met with the resident to discuss the content of this evaluation**

Signature: _____ **Date:** _____

NOTE: This must be returned within 2 weeks of completion of rotation. Fax: 725-5594. E-mail llamb@stanford.edu. Campus mail : Lois Lamb, Room 2204 MC: 5723. Phone: 725-2769