



University of Virginia
Dept. of Psychiatric Medicine
Faculty Performance Evaluation

Faculty Name _____ Name of Service _____

Time of Rotation (circle one) July-Dec., Jan - Jun Year: _____

Please rate the following areas according to the scale below:

1=Unacceptable 2= Acceptable 3=Good 4=Very Good 5=Outstanding 6=Not Applicable to situation or setting

- 1.) Fund of Knowledge
2.) Quality of Instruction In:
- Assessment of the Patient
- Case Management
- Milieu Issues
- Psychotherapy
- Use of Medications
3.) Administrative Training and Responsibility
- Attendance at Meetings and Sessions
- Allows resident the proper amount of responsibility
- Provides Regular Individual Supervision
4.) Personal Attitudes
- Quality as a Role Model
- Encourages Growth of the Resident
5.) Overall Assessment

Comments/Other (helpful and desirable)

Horizontal lines for writing comments.

Resident's Name/Signature (optional): _____ Date: _____
PGY _____