



University of Virginia  
Department of Psychiatric Medicine

# OFF-SERVICE

## Resident Performance Evaluation

Name of Resident \_\_\_\_\_

Dates of Service \_\_\_\_\_

Service Name \_\_\_\_\_

**PGY 1**

1 2 3 4 5 6  
7 8 9 10 11 12

Rotation #

REVISED-April 14, 1999

Please rate Resident based upon function and knowledge while working on your service or under your supervision. Base this evaluation upon knowledge and performance comparable to peers, with regard for level of training and time of year.

**N/A = Not Applicable**

Not part of this rotation

**1, 2 = Unacceptable**

Does not meet minimal skill or knowledge objectives

**3, 4 = Marginal**

Needs improvement, would benefit from remediation

**5, 6 = Average**

Customary and usual acceptable performance and knowledge

**N/O = Not Observed**

Did not observe

**7, 8 = Above Average**

Performance or knowledge Somewhat above that of peers.

**9 = Superior**

Performance or knowledge Exceeds expectations

**10 = Outstanding**

Far exceeds expectations in performance or knowledge.

#	Category of Review	1	2	3	4	5	6	7	8	9	10	N/O	N/A
<b>I</b>	<b>ADMIN RESPONSIBILITY</b>												
A	Reliability and Professionalism												
B	Organizational Skills and Paperwork												
C	Attendance and Participation												
D	Understanding of Dept/Service Operations												
E	Other ( )												
<b>II</b>	<b>KNOWLEDGE</b>												
A	Working Knowledge of Disease Processes												
B	Pharmacology and Somatic Therapies												
C	Understanding of Labs and Investigative Studies												
D	Other ( )												
<b>III</b>	<b>PATIENT CARE SKILLS</b>												
A	Patient Presentations												
B	Interviewing Skills												
C	Physical Diagnosis and Assessment Skills												
D	Medical Management and Triage of Patients												
E	Use of Medications and Prescribing												
F	Procedures (LP, Suture, Venipuncture, other)												
G	Other ( )												
<b>IV</b>	<b>TEAMWORK</b>												
A	Interpersonal skills												
B	Ability to work as part of a team												
C	Flexibility and response to feedback												
D	Attitude toward work												
E	Other ( )												
<b>V</b>	<b>SUPERVISORY ABILITIES</b>												
A	Works effectively with medical students												
B	Supervision /support of lower residents												
C	Leadership Skills												
D	Other ( )												
<b>VI</b>	<b>OVERALL ASSESSMENT</b>												

**Comments:**

I have reviewed this evaluation with the resident named above.

\_\_\_\_\_  
Supervising Physician Name / Signature

Resident Initials

**RETURN THIS FORM WITHIN 5 DAYS TO:  
RESIDENCY COORDINATOR  
PSYCHIATRIC MEDICINE  
KIM MANN, HSC, BOX 623**