

PSYCHIATRY TRAINING SELF ASSESSMENT SURVEY

Resident Name: _____ **Date:** _____

KNOWLEDGE: Please assess your current knowledge of the listed topics:

	Strong Knowledge 1	2	3	4	Very limited knowledge 5
Adjustment Disorders					
Major depression					
Dysthymia					
Bipolar					
Dementia					
Delirium					
Generalized Anxiety Disorder					
Panic disorder					
Obsessive Compulsive disorder					
Schizophrenia					
Alcohol/Substance abuse					
Eating disorders					
Personality disorders					
Neurological disease					
Psychiatric syndromes due to medical conditions					
Psychosocial issues in psychiatry					
Biological theories of psychiatric illness					
Death and Dying					
Bereavement					
Psychopharmacology					
Maintenance and preventive care					
Psychotherapeutic interventions					
Psychological testing					
Standardized assessment instruments					
Legal issues (competency, commitment, etc.)					
Ethics issues					
Study designs and statistical methods to appraise clinical studies					
Community resources for people with chronic mental illness					
Suicide risk					
Violence risk					

SKILLS: Rate your current competence in performing the listed activities:

	Comfortable, competent skill 1	2	3	4	Very limited skills 5
Comprehensive mental status examination					
Develop thorough differential diagnosis					
Develop thorough formulation					
Develop and execute comprehensive treatment plans					
Neurological exam					
Physical exam					
Recognize and treat common medical problems (e.g., UTI, HTN)					
Pharmacologic treatment of:					
Depression					
Panic disorder					
Generalized Anxiety disorder					
Obsessive compulsive disorder					
Dementia (cognitive)					
Dementia (behavior complications)					
Eating disorders					
Substance/alcohol disorders					
Mania					
Schizophrenia					
Post-traumatic Stress disorder					
Sleep disorder					
Perform ECT					
Psychotherapy (as primary or adjunct treatment) for:					
Depression					
Anxiety					
Schizophrenia					
Stress and trauma					
Eating disorders					
Substance/alcohol disorders					
Utilization of cost-effective measures					
Work effectively with patients of different cultures, socioeconomic backgrounds, gender					
Work effectively with medical colleagues in other fields					
Work effectively with ancillary staff					
Act as a leader of a mental health team					
Teach medical students					
Teach other health providers					
Teach other residents					
Work with patients' support systems (families, caregivers, community agencies)					
Locate and utilize evidence from scientific studies for patient care					

ATTITUDE: Rate your attitude:

	Very Important 1	2	3	4	Minimally Important 5
Respect for autonomy and dignity of the patient with psychiatric illness					
Value of the interdisciplinary team approach					
Acceptance of input from other personnel on the treatment teams (nurses, CNA's, etc.)					
Being accessible to patients/caregivers					
Importance of cost-containment					
Need for continuous learning					
Importance of accurate and timely records keeping and documentation					

Estimate as closely as possible the number of cases seen during the past 6 months for each characteristic.

Location	VAMC	
	UCSD-Hillcrest	
	UCSD – Outpatient	
	CAPS	
	Others (specify)	

Role	Observe	
	Assist	
	Perform	
	Supervise	

Age	Child (ages ≤ 12)	
	Adolescent (ages 13-20)	
	Adult (ages 21-64)	
	Geriatric (ages ≥ 65)	

Gender	Male	
	Female	

Service Type	Inpatient	
	Outpatient	
	Consult	
	Emergency	
	Others	

Race	White	
	Black	
	Asian	
	Hispanic	
	American Indian / Alaskan Native	
	Other	

Diagnosis	Adjustment Disorders	
Some patients may be counted more than once	Anxiety Disorders	
	Dissociative Disorders	
	Eating Disorders	
	Impulse-Control Disorders	
	Mood Disorders	
	Personality Disorders	
	Psychotic Disorders	
	Sexual Disorders	
	Sleep Disorders	
	Somatoform Disorders	
	Substance Use Disorders	
Treatment Modalities	Brief/Crisis	
	CBT	
	Consultation	
	Couples/Family	
	Group Therapy	
	Medication	
	Psychodynamic	
	Cognitive-behavioral	
	Supportive	
	Combined (medicine & psychotherapy)	
	Supportive	
	Other	
Other characteristics	Forensic Experience Competency & WRIT hearings	
	ECT Experience	

Identify number of cases which involved:

PGY-1 Specific

_____ Basic assessment & management of general medical conditions

_____ Basic assessment & management of neurological disorders

_____ Basic assessment & management of psychiatric disorders, including safety assessments

_____ Basic assessment & management of general medical/neurological conditions that affect the presentation, evaluation, and treatment of psychiatric disorders

_____ Treatment of involuntary patients

_____ Placing patient on involuntary admissions

PGY-2 Specific

_____ Basic bio-psycho-social formulation.

_____ Treatment planning—relates the relevant biological, psychological, behavioral, and socio-cultural issues associated with etiology and treatment

_____ Identifying, performing, and interpreting laboratory findings.

_____ Ordering neuro-psychiatric, and standardized psychometric assessments as appropriate for psychiatric evaluation and treatment planning

_____ Performing comprehensive psychiatric assessments and diagnosis

_____ Performing psychiatric consultations in primary care/medical-surgical settings

_____ Psycho-education—patient and family

_____ ECT

_____ Understanding American culture/subcultures and interactions with psychiatric disorders and treatment

_____ Basic forensic psychiatry: capacity and medical decision-making, civil evaluation for 3rd party, involuntary treatment under CO mental health law, mandatory reporting requirements

PGY-3 Specific

_____ Access and apply scientific literature to patient care (EBM)

_____ Advanced bio-psycho-social formulation and treatment planning, including psychodynamic formulation

_____ Coordinating treatment for patients receiving care from non-medical therapists

_____ Ordering neurophysiologic, neuropsychological, and psychological testing

_____ Assessment and treatment of complex or treatment-refractory patients.

_____ Providing community-based treatments (including psychotherapeutic and social rehabilitative) for severe psychiatric disorders

_____ Couples/family assessment and psychotherapy

_____ Basic forensic psychiatry: capacity and medical decision-making, civil evaluation for 3rd party, involuntary treatment under CO mental health law, mandatory reporting requirements

PGY-4 Specific

_____ Supervising junior residents

_____ Supervising medical students

_____ Supervising multidisciplinary teams

_____ Supervising other

_____ Basic forensic psychiatry: capacity and medical decision-making, civil evaluation for 3rd party, involuntary treatment under CO mental health law, mandatory reporting requirements

PEER EVALUATION
Print 12 (one for each peer)

We are asking each resident to rate his/her peers to enhance our evaluation process. Please rate each of the residents in your class on their patient care and professionalism. This information will be provided to each resident in "batch" form at the next semi-annual feedback meeting with Dr. Zisook. Your identity will be held in strict confidence.

Evaluator's Name: _____

Resident's Name: _____

Patient Care:

1	2	3	4	5	6	7	8	9	10
Needs much Improvement Lacks empathy and appropriate clinic skills			Okay				Great, I'd refer a close friend		

Professionalism:

1	2	3	4	5	6	7	8	9	10
Not reliable and lacks participation			Okay				Always bend over backwards to help a great team player		

Practice-Based Learning:

1	2	3	4	5	6	7	8	9	10
Not very motivated to learn			Okay				Always going to the literature and interested to learn more chart diagnostic and treatment issues		

Interviewing and Communication Skills:

1	2	3	4	5	6	7	8	9	10
Difficult to be around and understand			Okay				Likable, mature and articulate		

Systems Based Practice:

1	2	3	4	5	6	7	8	9	10
Doesn't know or care about patient resources			Okay				Advocates actively for patients		

Comments:

Resident Performance Evaluation By Mental Health Staff (e.g., Nurse, Social Worker, Psychologist)

Resident _____

Rotation _____

Dates Evaluated _____

PGY Level _____

Please rate the resident's performance in the following areas, with comments and recommendations as appropriate. A rating of "Poor" or "Needs Improvement" should be accompanied by specific comments and recommendations. An "Outstanding" evaluation should be accompanied by specific comments.

General Competencies	Poor Performance	Performance Needs Improvement	Performance Meets Standard	Performance Exceeds Standard	Outstanding Performance
<u>Patient Care</u> Judgment, interviewing skills, diagnostic formulation, treatment planning and case management.	1	2	3	4	5
<u>Professionalism</u> Medical record keeping, punctuality, reliability, responsibility, independence, recognition of limits of competence, ethical behavior, maintenance of treatment boundaries, acceptance of feedback and direction, sensitivity to issues of gender and cultural diversity	1	2	3	4	5
<u>Interpersonal and Communication Skills</u> Rapport with patients, relations with staff, teaching interest and skills, and ability to function as a team member.	1	2	3	4	5
<u>Systems-Based Practice</u> Ability to function within this treatment setting, conformity to unit expectations, attention to unit policies and procedures, compliance with safety uses on unit,	1	2	3	4	5

<u>Specific Performance Areas</u>	Poor Performance	Performance Needs Improvement	Performance Meets Standard	Performance Exceeds Standard	Outstanding Performance
Treatment team interactions	1	2	3	4	5
Communication with staff	1	2	3	4	5
Communication with patients	1	2	3	4	5
Communication with outpatient providers	1	2	3	4	5
Initial evaluations	1	2	3	4	5
Progress notes	1	2	3	4	5
Completeness and timeliness of treatment plans	1	2	3	4	5
Compliance with medication consent procedures	1	2	3	4	5
Clarity of written and verbal orders	1	2	3	4	5
Responsiveness to pages, requests, etc.	1	2	3	4	5
Timeliness of discharge orders and summaries	1	2	3	4	5
<u>Overall</u>	1	2	3	4	5

Comments:

Recommendations for improvement:

Staff

Resident Signature

Date

PATIENT EVALUATION

Please answer the following questions related to your treatment with Dr. _____. Place this page in the envelope provided and return to our Residency Training Office. This will help us evaluate our Psychiatry Training Program and the quality of service our residents provide. Thank you in advance for your time and help with this important endeavor.

Please rate your doctor on a 10-point scale (1= needs improvement, 5 = okay, 10 = Excellent):

Listens:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Respectful:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Available:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Reliable:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Explains things clearly:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Accepts feedback:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Cares about me as a person:

1 Needs Improvement	2	3	4	5 Okay	6	7	8	9	10 Excellent

Comments:

PSYCHIATRY RESIDENT COMPETENCIES EVALUATION FORM

Resident's name _____ Attendings name _____ Rotation/date _____ Evaluation date _____

My observations are based on each of the following

- | | |
|---|--|
| <input type="checkbox"/> word of mouth | <input type="checkbox"/> close personal observation |
| <input type="checkbox"/> seeing the resident interact with patients | <input type="checkbox"/> discussing cases |
| <input type="checkbox"/> discussing the literature | <input type="checkbox"/> observations of videotapes/audiotapes |
| <input type="checkbox"/> other _____ | |

During the period of supervision:

I observed the resident interview approximately _____ patients.
 The resident observed me interviewing approximately _____ patients.
 We met approximately _____ % of possible weekly sessions.

Patient care

insufficient contact to judge

1	2	3	4	5	6	7	8	9
<u>Below expectations</u>			<u>Meet expectations</u>			<u>Exceed expectations</u>		

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Incomplete, inaccurate interviews and review of other data, poor documentation of interventions • Has poor judgment • Fails to consider or shows lack of respect for patient preference | <ul style="list-style-type: none"> • Satisfactory interviewing, review of other data, and documentation of interventions • Adequate judgment • Usually assesses and considers patient preference | <ul style="list-style-type: none"> • Always performs accurate, comprehensive interviews and review of other data, impeccable documentation • Uses sound judgment • Is highly respectful of patient preference when making medical decisions |
|---|---|--|

Medical knowledge

insufficient contact to judge

1	2	3	4	5	6	7	8	9
<u>Below expectations</u>			<u>Meet expectations</u>			<u>Exceed expectations</u>		

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Limited knowledge of basic and clinical sciences • Minimal interest in learning • Poor understanding of complex relationships and problems | <ul style="list-style-type: none"> • Solid fund of knowledge • Satisfactory learner • Adequately understands complex problems | <ul style="list-style-type: none"> • Exceptional knowledge base • Committed to continuous learning • Has comprehensive understanding of complex problems |
|--|--|---|

Practice-based learning and improvement

insufficient contact to judge

1	2	3	4	5	6	7	8	9
<u>Below expectations</u>			<u>Meet expectations</u>			<u>Exceed expectations</u>		

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Minimizes or ignores self assessment • Unaware of limitations, ignores or resist feedback • Avoids uncritically information technology to improve patient care or pursue self-improvement | <ul style="list-style-type: none"> • Intermittently self-assess • Intermittently seeks feedback • Intermittently uses new technology | <ul style="list-style-type: none"> • Regularly self-assess • Eagerly accepts feedback • Uses new technology consistently |
|---|---|---|

Interpersonal and Communication Skills

insufficient contact to judge

1	2	3	4	5	6	7	8	9
<u>Below expectations</u>			<u>Meet expectations</u>			<u>Exceed expectations</u>		

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Unable to establish minimally effective relationships with patients and families • Does not provide education to patients and families, neglects sociocultural context • Poor relationships with health care team members and trainees | <ul style="list-style-type: none"> • Maintains satisfactory relationships with patients and families • Intermittently educates, counsels patients and families, and considers their sociocultural context • Satisfactory relationships with other professionals and trainees | <ul style="list-style-type: none"> • Maintains highly effective relationships with patients and families • Regularly and effectively educates patients and families considering sociocultural context • Maintains effective, collaborative relationships with other professionals and trainees |
|--|---|---|

Professionalism

insufficient contact to judge

1 2 3
Below expectations

4 5 6
Meet expectations

7 8 9
Exceed expectations

- Lacks respect or consideration for needs of others
- Avoids responsibility for errors, dishonest
- Disregards self-assessment

- Usually respectful and considerate of patients, families, colleagues
- Tries to recognize errors and be honest
- Endeavors to self-assess

- Consistently respectful and compassionate
- Accepts responsibility for errors, role models honesty
- Committed to self-assessment

System-based practice

insufficient contact to judge

1 2 3
Below expectations

4 5 6
Meet expectations

7 8 9
Exceed expectations

- Unable to access/mobilize outside resources
- Resists efforts to improve systems of care
- Does not use systematic approaches to reduce error and improve patient care

- Adequate resource utilization
- Tries to improve systems of care
- Tries to reduce errors

- Creative, effective access and utilization of resources
- Enthusiastically assists in developing systems' improvement
- Effectively uses systematic approaches to reduce error and improve patient care

In addition to expecting residents to achieve competency in the 6 core competencies, we also are training residents in the following 5 forms of psychotherapy. Please rate the resident in each of these areas

Short-Term Therapy

No Opportunity to observe

Not as competent as expected for level of training

Competent for level of training

More than competent for present level

As competent as we would expect of a graduating resident preparing clinical practice

Cognitive-Behavioral Therapy

No Opportunity to observe

Not as competent as expected for level of training

Competent for level of training

More than competent for present level

As competent as we would expect of a graduating resident preparing clinical practice

Combined Psychotherapy

No Opportunity to observe

Not as competent as expected for level of training

Competent for level of training

More than competent for present level

As competent as we would expect of a graduating resident preparing clinical practice

Dynamic Psychotherapy

No Opportunity
to observe

Not as competent
as expected for level
of training

Competent for
level of training

More than competent
for present level

As competent as we
would expect of a
graduating resident preparing
clinical practice

Supportive Psychotherapy

No Opportunity
to observe

Not as competent
as expected for level
of training

Competent for
level of training

More than competent
for present level

As competent as we
would expect of a
graduating resident preparing
clinical practice

Additional Comments (include medical student teaching impressions):

Overall Strengths: _____

Areas needing improvement: _____
(Be specific)

Recommendations: _____

Overall Grade: _____

- 1** = Far below expected level of competency (fail)
- 2** = Below expected level of competency (conditional)
- 3** = At expected level of competency (pass)
- 4** = Above expected level of competency (high pass)
- 5** = Way above level of expected level of competency (honors)

Resident Signature

Supervisor Signature

PSYCHIATRY RESIDENCY PROGRAM

RESIDENT EVALUATION OF FACULTY

Please fill out the following evaluation of the attending physician(s), psychologists, or other staff that actively taught during the rotation that you are finishing. Return this form by the end of the month of the rotation. **Attending faculty will see only cumulative rating scores and comments without resident identifiers.**

Year of Training _____ Rotation _____ Month/Year _____

Attending(s) 1. _____
2. _____
3. _____

Please rate each faculty listed above using the following criteria:

CRITERIA:

- 4 – SUPERIOR: Outstanding performance in the area. Exemplifies how a faculty member should be.**
 - 3 – GOOD: Average or slightly above average compared to other faculty members. No major shortcomings**
 - 2 – MARGINAL: Minor shortcomings in this area**
 - 1 - POOR : Major shortcomings in this area (Please note: a Poor rating requires specific comments)**
- N/A- no t applicable**

Faculty #1	Faculty #2	Faculty #3	
_____	_____	_____	Professionalism: Treats patients, residents and staff with respect, is readily available, and discloses any conflicts of interest
_____	_____	_____	Approachability: Open to questions or concerns from residents.
_____	_____	_____	Resident Autonomy: Attending lets residents give meaningful input into patient management decisions/actively involves residents in patient care.
_____	_____	_____	Encourages independent thinking and reading: Faculty cites recent literature and encourages residents to incorporate recent findings into patient care
_____	_____	_____	Clinical teaching: Faculty takes time to provide clinical teaching to residents
_____	_____	_____	Role Model: Faculty serves as a good role model for residents and students.
_____	_____	_____	Communication: Faculty communicates clearly and respectfully to trainees.
_____	_____	_____	Feedback: Provides timely feedback in a positive manner during the rotation.
_____	_____	_____	OVERALL RATING OF FACULTY

Additional comments:

Please return to Tracy Riley, etc

**PSYCHIATRY RESIDENCY
SEMINAR EVALUATION**

Topic/Title of Lecture: _____

Faculty Member Name: _____

Date: _____

Please circle the training level that applies to you:

PGY-I PGY-II PGY-III PGY-IV Med Student Combined Resident

	Excellent	Good	Fair	Poor	N/A
Overall Knowledge					
Organization and time management					
Encouraged participation					
Delivery of information					
Teaching effort/enthusiasm					
Lecture objectives identified					
Lecture objectives achieved					
Relevance of material to your level of training					
Handout provided					
<i>Overall Evaluation</i>					

1) Please list 1-2 things you liked about this presentation:

2) Please list 1-2 things you would suggest for improvement:

Please note: All evaluations are confidential. Please return to the Residency Training Office Mail Code 9116A or fax 858-822-0231. Thank you.