

## **ASSESSMENT TOOLS (see attached)**

1. Resident Skills Assessment
  - a. Brief Therapy Competencies
  - b. Cognitive/Behavioral Psychotherapy
  - c. Psychodynamic Psychotherapy
  - d. Psychotherapy Combined with Psychopharmacology
  - e. Supportive Therapy Competencies
  - f. Systems Based Practice
  - g. Bi-annual assessment based on general competencies
  - h. Clinic Psychiatry Research
  
2. Resident Evaluation Forms of Program and Faculty
  - a. Attending Physician Evaluation Form
  - b. EBM Resident Assessment of Department Speaker Programs and Faculty Presentations
  - c. Program Rotation Evaluation
  
3. Resident Self-Assessment
  - a. Core Competencies Resident Self-Assessment
  - b. Resident Self-Assessment Form
  
4. Faculty Evaluation Forms of Residents
  - a. Lecture Evaluation Form
  - b. Residency Competency Evaluation Form
  - c. 360° Resident Evaluation

**PSYCHOTHERAPY**  
**RESIDENT SKILLS ASSESSMENT**

Confidential & Privileged Medical Record Peer Review
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Resident: \_\_\_\_\_

Type of Psychotherapy: **BRIEF THERAPY COMPETENCIES**

Method of Assessment: (Circle)      1. Live patient      2. Chart Review      3. Supervision      4. Videotape

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**1 = Unacceptable      2 = Marginal      3 = Acceptable      4 = Good      5 = Outstanding**

**KNOWLEDGE:**

Demonstrated understanding of the following:

1.	Spectrum of theoretical models and clinical concepts of brief therapy.	1	2	3	4	5
2.	Use of focus and time limit as therapeutic tools.	1	2	3	4	5
3.	Course of brief therapy, including phases of the treatment.	1	2	3	4	5
4.	Indications and contraindications for brief therapy.	1	2	3	4	5
5.	Use of brief therapy in the overall treatment needs of the patient.	1	2	3	4	5
6.	Continued education on brief therapy and the necessity for further skill development.	1	2	3	4	5

**SKILLS:**

Demonstrated ability to:

1.	Select suitable patients for the particular model chosen for brief therapy	1	2	3	4	5
2.	Establish and maintain a therapeutic alliance.	1	2	3	4	5
3.	Establish and adhere to a time limit.	1	2	3	4	5
4.	Establish and adhere to a focus.	1	2	3	4	5
5.	Educate the patient about goals, objectives, and time frame of brief therapy.	1	2	3	4	5
6.	Recognize and identify affects in the patient and himself/herself.	1	2	3	4	5
7.	Develop a formulation using the brief therapy model selected.	1	2	3	4	5
8.	Seek appropriate consultation and/or referral for specialized treatment.	1	2	3	4	5

**ATTITUDES:**

The resident demonstrated the ability to be:

1.	Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of brief therapy.	1	2	3	4	5
2.	Sensitive to the sociocultural, socioeconomic, and educational issues that arise in the therapeutic settings.	1	2	3	4	5
3.	Open to review of audio or videotapes or direct observations of treatment sessions.	1	2	3	4	5

**COMMENTS:**

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Faculty Signature

\_\_\_\_\_  
Resident Signature

**PSYCHOTHERAPY**  
**RESIDENT SKILLS ASSESSMENT**

Confidential & Privileged Medical Record Peer Review
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Resident: \_\_\_\_\_

Type of Psychotherapy: COGNITIVE/BEHAVIORAL PSYCHOTHERAPY

Method of Assessment: (Circle)      1. Live patient      2. Chart Review      3. Supervision      4. Videotape

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**1 = Unacceptable      2 = Marginal      3 = Acceptable      4 = Good      5 = Outstanding**

**KNOWLEDGE:**

The resident demonstrated understanding of the basic principles of the cognitive model including the following:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Relationship of thoughts to emotions, behavior and physiology; the concept of automatic thoughts and cognitive distortions; the common cognitive errors; the significance and origin of core beliefs and relationships of schemas to dysfunctional thoughts and assumptions, behavioral strategies and psychopathology. | 1 | 2 | 3 | 4 | 5 |
| 2. Conditions, indications, and contraindications for which cognitive therapy is indicated.  | 1 | 2 | 3 | 4 | 5 |
| 3. Structuring a session with focus on problems solving, skills training, termination, approaches for relapse prevention, and continued education for skill development.   | 1 | 2 | 3 | 4 | 5 |
| 4. Use of behavior techniques including activity scheduling, exposure and response prevention, relaxation training, graded task assignments, and hierarchies/desensitization.  | 1 | 2 | 3 | 4 | 5 |
| 5. Identification of automatic thoughts, cognitive restructuring, thought recording, and modification of core beliefs.   | 1 | 2 | 3 | 4 | 5 |
| 6. Use of rating scales.   | 1 | 2 | 3 | 4 | 5 |

**SKILLS:**

The resident demonstrated the ability to:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Elicit data and use the cognitive conceptualization framework.  | 1 | 2 | 3 | 4 | 5 |
| 2. Establish and maintain a therapeutic alliance.  | 1 | 2 | 3 | 4 | 5 |
| 3. Educate the patient about core beliefs/schemas, and responsibilities.   | 1 | 2 | 3 | 4 | 5 |
| 4. Focus the session by bridging from the previous session, collaboratively setting the agenda, assigning homework that addresses key problems, summarizing and closing the session, and eliciting and responding to feedback. | 1 | 2 | 3 | 4 | 5 |
| 5. Utilize graded task assignment to teach the patient to monitor behavior, learn relaxation techniques, exposure and response prevention, and increase desirable mastery behaviors.   | 1 | 2 | 3 | 4 | 5 |
| 6. Employ the dysfunctional thought record and measure the impact this has on mood and behavior and recognize affects in the patient and himself/herself.  | 1 | 2 | 3 | 4 | 5 |
| 7. Effectively plan termination with patients and teach relapse prevention.  | 1 | 2 | 3 | 4 | 5 |
| 8. Write a cognitive behavioral formulation and seek appropriate consultation and/or referral for specialized treatment.   | 1 | 2 | 3 | 4 | 5 |

**ATTITUDES:**

The resident demonstrated the ability to be:

1. Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of cognitive behavioral therapy.	1	2	3	4	5
2. Sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.	1	2	3	4	5
3. Open to review of audio or videotapes or direct observations of treatment sessions.	1	2	3	4	5

**COMMENTS:** \_\_\_\_\_  
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Faculty Signature

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Resident Signature

Modified: AADRPT Cognitive Behavioral Therapies Competencies: Jesse Wright, M.D., Donna Sudak, M.D., Lisa Mellman, M.D., David Goldberg, M.D., Eugene Beresin, M.D., Carol Bernstein, Michele Plato, M.D.

**PSYCHOTHERAPY**  
**RESIDENT SKILLS ASSESSMENT**

Confidential & Privileged Medical Record Peer Review
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Resident: \_\_\_\_\_

Type of Psychotherapy: PSYCHODYNAMIC PSYCHOTHERAPY

Method of Assessment: (Circle)    1. Live patient    2. Chart Review    3. Supervision    4. Videotape

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**1 = Unacceptable    2 = Marginal    3 = Acceptable    4 = Good    5 = Outstanding**

**KNOWLEDGE:**

Demonstrated knowledge of the following:

1.	Concepts of the unconscious, defense and resistance, transference and countertransference.	1	2	3	4	5
2.	The influence of development through the life cycle on thoughts, feelings, and behavior.	1	2	3	4	5
3.	Indications and contraindications for treatment by psychodynamic therapy.	1	2	3	4	5
4.	The necessity for continued skill development.	1	2	3	4	5

**SKILLS**

The resident demonstrated the following:

1.	Effective skills in building and maintaining a therapeutic alliance that promotes self reflection and inquiry.	1	2	3	4	5
2.	Establishment of a treatment frame and goals.	1	2	3	4	5
3.	Exploration of patient's experiences, sociocultural influences, relationships, and coping mechanisms in order to understand the presenting problems.	1	2	3	4	5
4.	Effective listening skills.	1	2	3	4	5
5.	Recognition, utilization and management of transference and countertransference, defense and resistance in treatment.	1	2	3	4	5
6.	Utilization of clarification and confrontation.	1	2	3	4	5
7.	Self-reflection in order to further patient goals.	1	2	3	4	5
8.	Management of termination.	1	2	3	4	5
9.	Development of a psychodynamic formulation.	1	2	3	4	5
10.	Ability to seek appropriate consultation and/or referral for specialized treatment.	1	2	3	4	5

**ATTITUDES**

The resident demonstrated the ability to be:

1.	Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of psychodynamic psychotherapy.	1	2	3	4	5
2.	Sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.	1	2	3	4	5
3.	Open to audio or videotapes or direct observations of treatment sessions.	1	2	3	4	5

**COMMENTS:** \_\_\_\_\_  
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Faculty Signature

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Resident Signature

**PSYCHOTHERAPY**

**RESIDENT SKILLS ASSESSMENT**

Confidential & Privileged  
Medical Record Peer Review

Resident: \_\_\_\_\_

Type of Psychotherapy: **PSYCHOTHERAPY COMBINED WITH PSYCHOPHARMACOLOGY**

Method of Assessment: (Circle)      1. Live patient      2. Chart Review      3. Supervision      4. Videotape

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

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**KNOWLEDGE:**

Demonstrated knowledge of the following:

1.	Clinical conditions and methods which warrant consideration of psychopharmacological treatment in addition to psychotherapy, and in addition to psychopharmacology.	1	2	3	4	5
2.	Potential synergies and/or antagonism in combining psychotherapy and psychopharmacology.	1	2	3	4	5
3.	Knowledge that taking medication may have multiple psychological and sociocultural meanings to a patient.	1	2	3	4	5
4.	The background education, and training of other mental health professionals who may provide psychotherapy in combined treatment.	1	2	3	4	5
5.	Continued education regarding combined psychotherapy and psychopharmacology and it's necessity for further skill development.	1	2	3	4	5

**SKILLS:**

Demonstrated ability to:

1.	Gather sufficient clinical information to assess the need for combined or sequential psychotherapy and psychopharmacology.	1	2	3	4	5
2.	Perform an alliance with the patient which facilitates adherence to combined psychotherapy and psychopharmacology.	1	2	3	4	5
3.	Assess the importance of timing and modification of psychotherapeutic and psychopharmacologic intervention.	1	2	3	4	5
4.	Understand the influences of conscious and unconscious aspects, doctor-patient relationship, placebo effects, and concurrent medical conditions on combined psychotherapy and psychopharmacology.	1	2	3	4	5
5.	Diminish resistance to and facilitate use of medication.	1	2	3	4	5
6.	Recognize the potential beneficial and/or detrimental effects of medication use in treatment.	1	2	3	4	5
7.	Understand and explore the psychological and sociocultural needs of a patient taking medication.	1	2	3	4	5
8.	Collaborate effectively with non-psychiatric psychotherapists and respond to conflicts and problems in the three-party treatment.	1	2	3	4	5

**ATTITUDES:**

The resident demonstrated the ability to be:

1.	Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of combined.	1	2	3	4	5
2.	Sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic setting.	1	2	3	4	5
3.	Understanding that treatment is integrated such that the individual component of combined psychotherapy and psychopharmacology constitute the whole treatment and are not divisible into parts.	1	2	3	4	5
4.	Open to audio or video tapes or direct observations of treatment sessions.	1	2	3	4	5

**COMMENTS:**

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Faculty Signature

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Resident Signature

**PSYCHOTHERAPY  
RESIDENT SKILLS ASSESSMENT**

Confidential & privilege  
Record Peer Review

Resident: \_\_\_\_\_

Type of Psychotherapy: SUPPORTIVE THERAPY COMPETENCIES

Method of Assessment: (Circle)    1. Live patient    2. Chart Review    3. Supervision    4. Videotape

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**1 = Unacceptable    2 = Marginal    3 = Acceptable    4 = Good    5 = Outstanding**

**KNOWLEDGE:**

The resident demonstrated knowledge that the principal objectives of supportive therapy are:

1.	To improve the patient's self-esteem, prevent recurrence of symptoms, and maximize adaptive skills .	1	2	3	4	5
2.	To demonstrate through the use of many therapeutic encounters the importance of the patient-therapist relationships.	1	2	3	4	5
3.	To demonstrate knowledge of indications/contraindications for supportive therapy.	1	2	3	4	5
4.	To educate for further skill development.	1	2	3	4	5

**SKILLS:**

The resident demonstrated the ability to:

1.	Establish and maintain a therapeutic alliance.	1	2	3	4	5
2.	Develop treatment goals.	1	2	3	4	5
3.	Be responsive and give feedback and advice in a direct and non-threatening manner when appropriate.	1	2	3	4	5
4.	Understand the patient within his/her family, sociocultural, and community structure.	1	2	3	4	5
5.	Recognize and identify affects in the patient and himself/herself.	1	2	3	4	5
6.	Confront behaviors that are dangerous or damaging.	1	2	3	4	5
7.	Reduce symptoms, improve morale and adaptation, and prevent relapse.	1	2	3	4	5
8.	Support, promote, and acknowledge patient's ability to achieve goals.	1	2	3	4	5
9.	Provide strategies to manage affect regulation, thought disorders, and impaired reality testing.	1	2	3	4	5
10.	Provide education regarding psychiatric condition, treatment, and community systems of care.	1	2	3	4	5
11.	Assist patient in development of self assessment skills.	1	2	3	4	5
12.	Seek appropriate consultation/and or referral for specialized treatment.	1	2	3	4	5

**ATTITUDES:**

The resident demonstrated the ability to be:

1.	Empathic, respectful, curious, nonjudgmental, collaborative, able to tolerate ambiguity and display confidence in the efficacy of supportive therapy.	1	2	3	4	5
2.	Sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic alliance.	1	2	3	4	5
3.	Open to audio or videotapes or direct observations of treatment sessions.	1	2	3	4	5

**COMMENTS:**

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\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Resident Signature

**Systems Based Practice  
Resident Skills Assessment**

NAME: \_\_\_\_\_

PG-YEAR: \_\_\_\_\_

Method of Assessment: (Circle):

1. Chart Review
2. Video tape
3. Supervision
4. Live Patient

Faculty Evaluating: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

- 1 = Unacceptable  
2 = Marginal  
3 = Acceptable  
4 = Good  
5 = Outstanding

The resident demonstrates the skill to perform the following:

**SYSTEMS BASED PRACTICE**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Understand how his/her patient care and other professional practices affect other health care professionals, the TTUHSC system, and the larger society, and how these elements of the system affect his/her own practice.     | 1 | 2 | 3 | 4 | 5 |
| 2. Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health-care costs and allocating resources.   | 1 | 2 | 3 | 4 | 5 |
| 3. Practice cost effective healthcare and resource utilization that does not compromise quality of healthcare.   | 1 | 2 | 3 | 4 | 5 |
| 4. Advocate for quality patient care and assistant patients in dealing with system complexities.   | 1 | 2 | 3 | 4 | 5 |
| 5. Understand how to partner with healthcare managers and health-care providers or others in the healthcare system to assess, coordinate and improve healthcare and to know how these activities can affect systems performance. | 1 | 2 | 3 | 4 | 5 |

**CULTURAL FORMULATION SKILLS**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Cultural identity of the individual: the skill to determine note how the individual's ethnic or cultural reference groups affect the patient's healthcare.  | 1 | 2 | 3 | 4 | 5 |
| 2. Cultural explanations of the individual's illness: the demonstrated ability to identify how the patient's culture contributes to psychiatric and/or medical symptoms.   | 1 | 2 | 3 | 4 | 5 |
| 3. Cultural factors related to psychosocial and environmental levels of functioning: the skill to note culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability. | 1 | 2 | 3 | 4 | 5 |



- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 4. Cultural elements of the relationship between the individual and the clinician: the ability to identify and work with the differences in culture and social status between the individual and the clinician and problems that these differences may cause in diagnosis and treatment. | 1 | 2 | 3 | 4 | 5 |
| 5. Overall cultural assessment for diagnosis and care.   | 1 | 2 | 3 | 4 | 5 |

Additional Comments:

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\_\_\_\_\_  
Print name

\_\_\_\_\_  
Resident Signature

Sources: Duke University Psychiatry Education Program and Appendix I Diagnostic and Statistical Manual of Mental Disorders (DMS-IV).

H:ResEvalForm:SystemBasedPractice

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF NEUROPSYCHIATRY

Confidential and Privileged  
Medical Record Peer Review

EVALUATION FORM PGY-III & IV  
CLINIC PSYCHIATRY  
RESEARCH

RESIDENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
EVALUATION PERIOD \_\_\_\_\_ TO \_\_\_\_\_

TO THE SUPERVISOR: TO ASSESS THE LEVEL OF ACHIEVEMENT OF THIS RESIDENT AND IDENTIFY AREAS OF LEARNING DIFFICULTY PLEASE EVALUATE PERFORMANCE WITHIN PARAMETERS BELOW:

1=F 2=D 3=C 4=B 5=A (Clarify reasons for 1 or 5 ratings)

1. MAINTAINING COMPLETE AND ACCURATE MEDICAL RECORDS INCLUDING: Intake form completed, with formulation and plan. Revision of formulation and plan noted for each session. Informative progress notes, process and content, current status, indicated lab information, medications, rationale for the use and changes in medication. Discussion of differential diagnosis. Proper transfer and discharge documentation.

1 2 3 4 5

2. ASSUMES APPROPRIATE MEDICAL RESPONSIBILITY FOR THE PATIENT: Conscientiousness in following patient, frequency of visits indicated, with rationale, assessment of concurrent physical complications, assuming role of primary care physician (with consultation when appropriate) during acute phase of illness, assessment of degree of rapport established, transferences and counter-transferences noted. Professional responsibility for timeliness and notification of schedule changes.

1 2 3 4 5

3. CAN ACTIVELY GATHER PATIENT DATA FROM DIRECT OBSERVATION OF VERBAL AND NON-VERBAL COMMUNICATION. Continuing evaluation of the patient's mental status, exploring of psychodynamics, formulation of AXIS II traits impeding progress, evaluation of the patient's psycho-social environment, including SE status, relations within social network, etc.

1 2 3 4 5

4. DEMONSTRATES PROFESSIONAL DEMEANOR AS A PSYCHIATRIST. In relation to patients, patient's family, staff and faculty.

1 2 3 4 5

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

RESIDENT'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

**Texas Tech Department of Neuropsychiatry  
Attending Physician Evaluation Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Clinical Supervision**

<i>The attending</i>	<b>Never</b>					<b>Always</b>	
1. ...demonstrated a broad knowledge of psychiatry.	1	2	3	4	5	NA	
2. ...was up to date.	1	2	3	4	5	NA	
3. ...independently evaluated each patient.	1	2	3	4	5	NA	
4. ...reviewed the care plan of each patient with the team.	1	2	3	4	5	NA	
5. ...contributed additional clinical information or advice when needed.	1	2	3	4	5	NA	
6. ...expected me to develop a thorough differential diagnosis and management plan for each active problem.	1	2	3	4	5	NA	
7. ...helped speak with consultants and helped arrange tests in order to provide the best care for the patients.	1	2	3	4	5	NA	
8. ...conduct rounds in an effective and efficient manner.	1	2	3	4	5	NA	
9. ...required me to be an active decision-maker in patient care, rather than always following the attending's lead.	1	2	3	4	5	NA	

**Teaching Activities and Feedback**

<i>The attending</i>						
10. ...made sure the teaching sessions pertained to patient problems.	1	2	3	4	5	NA
11. ...effectively taught interviewing and communication skills.	1	2	3	4	5	NA
12. ...was always explicit about his or her reasoning when discussing clinical decisions.	1	2	3	4	5	NA
13. ...expected me to be an active learner, by requiring me to ask focused questions, finding the best literature, and sharing my findings with the team.	1	2	3	4	5	NA
14. ...personally modeled active, continuous learning by asking questions, searching the literature, and sharing his or her findings.	1	2	3	4	5	NA
15. ...expected me to commit to a working diagnosis.	1	2	3	4	5	NA
16. ...personally modeled committing to a working diagnosis.	1	2	3	4	5	NA
17. ...expected me to incorporate the best evidence from the the literature with the patient's unique circumstances and preferences.	1	2	3	4	5	NA
18. ...personally modeled incorporating the best evidence from the literature with the patient's unique circumstances and preferences.	1	2	3	4	5	NA
19. ...provided ongoing feedback on my history-taking skills, physical exam skills, written documentation, oral presentations, and clinical reasoning.	1	2	3	4	5	NA



20. What's your best estimate for the number of teaching sessions with the team and the attending? (*Consider a "teaching session" to mean a minimum of 15 minutes devoted to education.*)

	<b>Never</b>					<b>Always</b>	
21. ...clearly stated his or her expectations for my performance this rotation?	1	2	3	4	5	NA	
22. ...provided specific, detailed mid-rotation feedback?	1	2	3	4	5	NA	

**Professional Values**

*The attending*

23. ...treated the patients with respect.	1	2	3	4	5	NA	
24. ...treated me with respect.	1	2	3	4	5	NA	
25. ...released me for all scheduled conferences.	1	2	3	4	5	NA	
26. ...encouraged me to call him or her at any time for any reason.	1	2	3	4	5	NA	
27. ...was sensitive to the emotional, economic, social, and cultural aspects of the patients' illnesses.	1	2	3	4	5	NA	

	<b>Absolutely No</b>			<b>Enthusiastically Yes</b>		
28. Would you like to work with this attending again?	1	2	3	4	5	NA

Please write comments below to help us better evaluate the attending's performance.

**What are this attending's top three strengths?**

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**How could this attending be more effective?**

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**EBM Resident Assessment of Department Speaker Programs and Faculty Presentations  
TTHUHSC-EI Paso Neuropsychiatry Residency Program**

**Presenter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Indicate the level of confidence the speaker generated in formulating answerable clinical questions.**      Not at all      Reasonably well      Extremely well

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Incited curiosity about clinical problems in pertinent clinical settings and provoked foreground questions. | 1 | 2 | 3 | 4 | 5 |
| 2. Presented and answered well-formulated clinical questions.  | 1 | 2 | 3 | 4 | 5 |
| 3. Permitted the asking of answerable questions by the audience.   | 1 | 2 | 3 | 4 | 5 |
| 4. Aided formulation of answerable questions from residents and medical students.                              | 1 | 2 | 3 | 4 | 5 |

**Indicate the level of confidence you have in the speaker providing the best available evidence.**      Not confident      Reasonably confident      Extremely confident

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 5. Presented recent sources for current evidence to answer my questions.                 | 1 | 2 | 3 | 4 | 5 |
| 6. Speaker provided references for sources cited during the presentation.                | 1 | 2 | 3 | 4 | 5 |
| 7. My searches compare favorably with the presenter's and those of respected colleagues. | 1 | 2 | 3 | 4 | 5 |
| 8. Speaker effectively taught students and other health care professionals.              | 1 | 2 | 3 | 4 | 5 |

**Indicate if the following are applicable for use in critical appraisal of the literature as a result of this presentation.**      Not at all      Reasonably well      Extremely well

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 9. The speaker used well formulated statistical concepts, clinical epidemiology, and/or relevant study design/methodology for this presentation.                          | 1 | 2 | 3 | 4 | 5 |
| 10. I am comfortable applying critical appraisal guides to my evaluation of an article using this presentation as a comparison.   | 1 | 2 | 3 | 4 | 5 |
| 11. This presentation helped me to become more efficient in understanding some critical appraisal measure, such as appropriate statistical methods and likelihood ratios. | 1 | 2 | 3 | 4 | 5 |
| 12. This presentation helped me to learn how to write more concise, accurate, thoughtful critical appraisals about primary literature papers.                             | 1 | 2 | 3 | 4 | 5 |
| 13. I would be able to construct a verbal study synopsis of this presentation in one week's time.   | 1 | 2 | 3 | 4 | 5 |
| 14. I can repeat the "take home message" or verbal study synopsis of this presentation in one week's time.  | 1 | 2 | 3 | 4 | 5 |

**Indicate the level of confidence you have in applying the best evidence to a potential patient based on the presentation.**      Not confident      Reasonably confident      Extremely confident

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 15. I may change my patient care practices based on best available evidence, my patient's preferences and my clinical judgment. | 1 | 2 | 3 | 4 | 5 |
| 16. I may be able to justify whether or not to apply critically appraised findings to an individual patient.                    | 1 | 2 | 3 | 4 | 5 |

**Indicate the level of confidence you have in teaching EBM.**      Not confident      Reasonably confident      Extremely confident

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 17. I regularly assist others in the EBM process by teaching and modeling how to ask answerable questions, how to search the literature, critically appraise articles, write study synopsis, and apply the findings. | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

**DEPARTMENT OF NEUROPSYCHIATRY  
PROGRAM/ROTATION EVALUATION BY RESIDENTS**

Please Circle Service Being Evaluated (1 form per service)

<b>CHILD/ADOL</b>	<b>CONS/LIAS</b>	<b>EPPC EMERG/INTAKE</b>	<b>EPPC INPT</b>	<b>OUTPT (TT)</b>	<b>OUTPT (MHMR)</b>
<b>INT. MED</b>	<b>NEURO</b>	<b>SLEEP DISORDERS</b>	<b>V.A. OUTPT</b>	<b>WBAMC (S.A.)</b>	<b>Elective: _____</b>

Rating	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
	<b>(Poor)</b>										<b>(Excellent)</b>
Clinical Exposure	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Appropriate Caseload	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Physical Structure (Setting)	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Faculty Clinical Teaching	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Faculty Didactic Teaching	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Multidisciplinary & Allied Professional Support	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Elective	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

Comments: \_\_\_\_\_

**Abbreviations:**    **Cons/Lias = Consultation Liaison**                      **INPT = Inpatient**                      **OPC = Outpatient**    **TT = Texas Tech**  
   **WBAMC = William Beaumont Army Medical Center**

**Core Competencies Resident Self-Assessment**  
**TTUHSC – El Paso Psychiatry Residency Program**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Indicate the level of confidence you have in the following areas of Patient care.</b>	Not confident		Reasonably confident		Extremely confident
1. Communicate effectively and demonstrate caring respectful behaviors when interacting with patients and their families.	1	2	3	4	5
2. Gather essential and accurate information about your patients.	1	2	3	4	5
3. Make informed decisions about diagnostic & therapeutic interventions based upon patient information and preferences, up to date scientific evidence and clinical judgment.	1	2	3	4	5
4. Develop, carry out and modify management plans.	1	2	3	4	5
5. Counsel and educate patients and their families.	1	2	3	4	5
6. Use information technology to support patient care decisions and patient education.	1	2	3	4	5
7. Perform competently all medical and psychiatric procedures considered essential for your area of practice.	1	2	3	4	5
8. Provide health care services aimed at preventing health problems or maintaining health.	1	2	3	4	5
9. Work with health care professionals including those from other disciplines to provide patient focused care.	1	2	3	4	5

<b>Indicate the level of confidence you have in the following areas of Medical knowledge</b>	Not confident		Reasonably confident		Extremely confident
10. Demonstrate investigative & analytic approaches to clinical situations	1	2	3	4	5
11. Know and apply basic and clinical sciences appropriate to your discipline	1	2	3	4	5

<b>Indicate the level of confidence you have in the following areas of Practice based learning and improvement.</b>	Not confident		Reasonably confident		Extremely confident
12. Analyze your clinical practice to identify important learning needs and construct goals/plans for improvement	1	2	3	4	5
13. Locate, appraise, and assimilate evidence from scientific studies related to your patients' health problems.	1	2	3	4	5
14. Obtain information about your own population of patients and the larger population from which your patients are drawn.	1	2	3	4	5
15. Critically appraise the literature on diagnosis, prognosis, therapy, and harm.	1	2	3	4	5
16. Use information technology to manage information, access on-line medical information and support your learning needs.	1	2	3	4	5
17. Effectively teach students and other health care professionals	1	2	3	4	5

<b>Indicate the level of confidence you have in the following areas of Interpersonal and communication skills.</b>	Not confident		Reasonably confident		Extremely confident
18. Create and sustain therapeutic, ethically sound relationships with your patients, maintaining appropriate boundaries.	1	2	3	4	5
19. Use effective listening skills.	1	2	3	4	5
20. Elicit and provide information using effective verbal and nonverbal communication skills.	1	2	3	4	5
21. Use effective writing skills.	1	2	3	4	5
22. Work effectively with others as a member or leader of a health care team or other professional group.	1	2	3	4	5

<b>Indicate the level of confidence you have in the following areas of Professionalism.</b>	Not confident		Reasonably confident		Extremely confident
1. Demonstrate respect, compassion, integrity; responsiveness to needs of patients and society that supercedes self interest; accountability to patients, society and profession; commitment to excellence and on-going professional development.	1	2	3	4	5
2. Demonstrate an understanding and commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices.	1	2	3	4	5
3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.	1	2	3	4	5

<b>Indicate the level of confidence you have in the following areas of Systems based practice</b>	Not confident		Reasonably confident		Extremely confident
4. Understand how your patient care and other professional practices affect other health care professional, TTUHS system, and the larger society, and how these elements of the system affect your own practice.	1	2	3	4	5
5. Know how types of medical practice and delivery systems differ from one another including methods of controlling health care costs and allocating resources.	1	2	3	4	5
6. Practice cost-effective health care and resource utilization that does not compromise quality of care.	1	2	3	4	5
7. Advocate for quality patient care and assist patients in dealing with systems complexities.	1	2	3	4	5
8. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect systems performance..	1	2	3	4	5

**\*\*\*This document contains confidential peer review information to be used in the assessment of the quality of the delivery of healthcare.**

**This document and the information in it are confidential and should not be distributed outside the relevant review committee**

Source: Duke University Psychiatry Education Program



## **RESIDENT SELF-ASSESSMENT**

Please refer to the General Competencies in your Residency Training Manual. These spell out what we expect you to achieve over the four years of your residency. They include specific knowledge, skill and attitude objectives.

After reviewing these objectives, please fill out your own self-assessment. It should address what progress you feel you have made toward meeting these objectives, what areas you need to improve, and how you plan to go about improving these areas in the next academic year.

Doing this kind of self-assessment helps you to focus your studying and helps me to understand what your needs are. You **will not** be graded on this and it **will not** negatively impact on your resident evaluations.

David F. Briones, M.D  
Professor and Director of Academic  
and Residency Training Programs

**RESIDENT SELF-ASSESSMENT FORM**

**NAME:** \_\_\_\_\_

**ACADEMIC YEAR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROGRESS DURING THE PAST YEAR:**

**1. Clinical Science/Medical Knowledge:**

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**2. Patient Care:**

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**3. Interpersonal Skills and Communication:**

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**4. Practice Based Learning:**

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**5. Systems Based Care:**

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**6. Professional and Ethical Behavior:**

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**AREAS I NEED TO IMPROVE:**

1. **Clinical Science/Medical Knowledge:**

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2. **Patient Care:**

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3. **Interpersonal Skills and Communication:**

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4. **Practice Based Learning:**

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5. **System Based Care:**

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6. **Professional and Ethical Behavior:**

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**MY GOAL FOR THE NEXT ACADEMIC YEAR:**

1. **Clinical Science/Medical Knowledge:**

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2. **Patient Care:**

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3. **Interpersonal Skills and Communication:**

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4. **Practice Based Learning:**

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5. **System Based Care:**

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6. **Professional and Ethical Behavior:**

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Resident Signature

TEXAS TECH UNIVERSITY HSC  
Department of Neuropsychiatry  
El Paso

Lecture Evaluation Form

PRESENTER: \_\_\_\_\_

DATE: \_\_\_\_\_

TOPIC: \_\_\_\_\_

Please use the rating scale as follows:   Excellent:           exemplary, frequently exceeds expectations  
  Poor:                   unprepared, does not meet expectations at all

1. ASSESSMENT OF LECTURE MATERIALS, INCLUDING SUPPLEMENTS (handouts, videos, etc.)

a. Lecture objectives were clearly stated:

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

b. The quality, relevance, and usefulness of the presented materials:

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

c. The quality, relevance and usefulness of supplementary materials and references:

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

d. The quantity and relevance of assigned extra-reading and homework:

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

2. ASSESSMENT OF THE TEACHING QUALITY AND TECHNIQUE

a. Knowledge and analytical (discussed other points of view, contrasted implications):

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

b. Clean and organized (emphasized conceptual understanding, cited references):

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

c. Use of interactive technique (did you understand information presented and can you now apply knowledge gained; relevance of material presented):

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

d. Presentation and communication skills (articulate, empathetic, sense of humor, concern):

Excellent	Very Good	Good	Fair	Poor	N/A
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Comments: \_\_\_\_\_

e. Professional characteristics (self-critical, respectful, ethical, role model):  
Excellent                      Very Good                      Good                      Fair                      Poor                      N/A

Comments: \_\_\_\_\_

f. Motivation, enthusiasm and stimulation for your learning:  
Excellent                      Very Good                      Good                      Fair                      Poor                      N/A

Comments: \_\_\_\_\_

g. The instructor's effort to make this session interesting and enjoyable:  
Excellent                      Very Good                      Good                      Fair                      Poor                      N/A

Comments: \_\_\_\_\_

3. YOUR OPINIONS ABOUT THE INSTRUCTOR

a. Overall teaching effectiveness:  
Excellent                      Very Good                      Good                      Fair                      Poor                      N/A

Comments: \_\_\_\_\_

b. Recommend this lecture to other students/residents:  
Excellent                      Very Good                      Good                      Fair                      Poor                      N/A

Comments: \_\_\_\_\_

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Summary Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Assessing Faculty Signature  
(required only for resident presentations)

Return completed form to Residency Coordinator

H:/Res Eval Form/Fac Lecture Eval Form

**RESIDENT COMPETENCY EVALUATION FORM**  
**Department of Neuropsychiatry**

**RESIDENT:** \_\_\_\_\_

**FACULTY EVALUATOR:** \_\_\_\_\_

**PERIOD COVERED:** \_\_\_\_\_ **ROTATION:** \_\_\_\_\_

**PLEASE READ BEFORE COMPLETING THE FORM**

This rating form documents the resident's progress in achieving the six general competencies for physicians promulgated by the ACGME. These competencies are defined in the Residency Manual.

Please rate the resident along the 1 to 5 scale based on how he/she is progressing in meeting these objectives. Please rate them in comparison to their peers at the same level of training (e.g. PGY-II compared to the other PGY-II). Please provide comments for 1 or 5 ratings: Comments encouraged for others.

1. **CLINICAL SCIENCE/MEDICAL KNOWLEDGE:**

**A. KNOWLEDGE**

1	2	3	4	5
Didn't know much of what's expected at this level.		Adequately informed for residents at this level.		Was extremely knowledgeable for resident at this level

**B. SKILLS**

1	2	3	4	5
Doesn't even know what gaps in knowledge he/she has.		Aware of his/her gaps, uses the literature.		Has developed a system for lifelong learning.

**C. ATTITUDES**

1	2	3	4	5
Lethargic about learning.		Does assigned reading.		Excited about learning; shows independent pursuit of knowledge.

2. **PATIENT CARE:**

**A. KNOWLEDGE**

1	2	3	4	5
Large gaps in knowledge of assessment & treatment.		Average knowledge of tools of assessment, & current treatment methods & standards Of practice.		Extensive knowledge of assessment, current treatment & prevention.

**B. SKILLS**

1	2	3	4	5
Significant problems in assessment, doing formulations, & implementing a treatment plan.		Can do basic assessment, formulates appropriately, able to provide adequate care.		Effective treatment alliance, communicates Well with patients, comprehensive in his assessments & treatment.

**C. ATTITUDES**

1	2	3	4	5
Insensitive, does not monitor own reactions, unaware of boundaries, & does not know when to seek supervision.		Sensitive to patient's needs, maintains boundaries, monitors own reactions.		Manages counter-transference well, strong advocate for patients interests, provides one high standard of care to all patients.

3. **INTERPERSONAL SKILLS & COMMUNICATION**

**A. KNOWLEDGE**

1	2	3	4	5
Little knowledge of communication techniques, cultural impact or need for communication skills.		Aware of techniques to facilitate communication; sensitive to cultural beliefs; understands importance of written communication.		Excellent understanding of cultural impact; emotional responses; & communication techniques.

**B. SKILLS**

1	2	3	4	5
Poor listening skills; poor written & verbal communication.		Good listening skills; communicates well verbally in writing.		Excellent listening skills; good rapport; communicates very well verbally & in writing; consults well.

**C. ATTITUDES**

1	2	3	4	5
Not self observant, not sensitive to others; collaborates poorly; not respectful.		Respectful of others; willing to collaborate; sensitive to others needs.		Collaborates very well; tries to understand other opinions; self-observant; sensitive to others; demonstrates belief in worth of others.

4. **PRACTICE BASED LEARNING**

**A. KNOWLEDGE**

1	2	3	4	5
Can't critically assess journals; no knowledge of research methods; no knowledge of evidence-based medicine.		Can assess journals; some knowledge of research methods; some knowledge of evidence-based medicine.		Superior knowledge of evidence-based medicine, research methodology & critical assessment.

**B. SKILLS**

1	2	3	4	5
Does not keep up patient log; does not correct own errors; does not utilize literature; does not use evidence-based medicine.		Keeps up patient log; learns from & corrects errors; reads literature; tries to use evidence-based medicine.		Uses log to monitor breadth of experience; uses literature to understand & treat patients; has a systematic approach to improving fund of knowledge.



**C. ATTITUDES**

1	2	3	4	5
Poor attitude toward learning; not open to faculty role modeling; not flexible in treatment approaches.		Good attitude toward learning; incorporates role modeling & supervision; flexible in treatment approach.		Recognizes need for lifelong learning, attitude of scholarship; flexible & open in treatment; recognizes importance of what patients have to teach.

5. **SYSTEMS-BASED CARE**

**A. KNOWLEDGE**

1	2	3	4	5
No concept of systems theory; poor understanding of administrative issues, forensic issues, managed care issues & role of other organizations.		Basic understanding of systems theory, administrative issues, forensic issues, managed care & role of other organizations.		Excellent understanding of systems theory, administrative issues, forensic issues & role of other organizations.

**B. SKILLS**

1	2	3	4	5
Poor consultant; poor educator; works poorly with other organizations.		Good consultant; good educator; works well with other organizations.		Outstanding consultant; outstanding educator; works very well with other organizations.

**C. ATTITUDES**

1	2	3	4	5
Poor attitude of collaboration and cooperation.		Good attitude of collaboration & cooperation; respectful.		Excellent attitude of collaboration & cooperation; respectful; patient interests are top priority.

6. **PROFESSIONAL & ETHICAL BEHAVIOR**

**A. KNOWLEDGE**

1	2	3	4	5
Little knowledge of ethical issues or issues of consent, confidentiality or patients' rights.		Some knowledge of ethical issues & issues of consent, confidentiality & patients' rights.		Thorough knowledge of ethics, including APA & AMA codes; thorough knowledge of forensic issues including consent, confidentiality & patients rights.

**B. SKILLS**

1	2	3	4	5
Does not respond to patients in a timely manner; not readily available for patient care; does not recognize limits; does not set appropriate boundaries.		Responds in timely manner; readily available; knows own limits; sets appropriate boundaries.		Highly professional behavior; always truthful; always timely; sets appropriate boundaries; asks for supervision when needed.

**C. ATTITUDES**

1  
Attitude of self-interest;  
attitude of insensitivity.

2

3 4  
Attitude of respect & regard for  
patients; attitude of sensitivity  
to others.

5  
Highly committed to  
professional & ethical  
behavior; great respect  
& regard for patients.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Resident Signature and Date

**RES COM EVAL**

Texas Tech University Health Sciences Center  
 Department of Neuropsychiatry  
 El Paso, Texas

360° RESIDENT EVALUATION

Resident \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_  
 Rater name \_\_\_\_\_ Rater's role in clinical setting \_\_\_\_\_

**Rating Scale:**

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree
- N/A = Not applicable or inadequate information

1. The resident consistently maintains respectful relationships with patients and members of their support system.	1	2	3	4	5	N/A
2. The resident consistently maintains respectful relationships with other members of the treatment team.	1	2	3	4	5	N/A
3. The resident communicates effectively through verbal and non-verbal means.	1	2	3	4	5	N/A
4. The resident communicates effectively in writing.	1	2	3	4	5	N/A
5. The resident consistently displays professional and ethical behavior.	1	2	3	4	5	N/A
6. The resident demonstrates appropriate understanding of the roles of treatment team members and other co-workers.	1	2	3	4	5	N/A
7. The resident shows appropriate awareness of the effect that his/her decisions have on members of the treatment team and other co-workers.	1	2	3	4	5	N/A
8. The resident works effectively with other systems or agencies.	1	2	3	4	5	N/A

Resident comments on back.

Approved May 2004