Evaluation of Resident in Conferences/Didactics

Resident: ________________________   Lecturer: Margaret Baier, M.D.

Conference/Didactic: Cultural Psychiatry   Evaluation Period: Fall 2006

* All residents were required to present a cultural formulation for this course.

Place an X indicating the level of performance. PLEASE EXPLAIN ALL RATINGS WHICH ARE LESS THAN SATISFACTORY.

<table>
<thead>
<tr>
<th>Administrative Skills:</th>
<th>Unsatisfactory</th>
<th>Early Learner</th>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
<th>Unable to Evaluate</th>
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<td>Punctuality</td>
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<td>Attendance</td>
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<td>Practical</td>
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<td>Professionalism</td>
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<td>Demeanor</td>
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Participation

Preparation

Interest in Learning
Resident’s Strengths:

Resident’s Weaknesses:

Specific Comments: (Please include question number):
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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 two weeks of completion of rotation. FAX: 568-6006.
Kelly Guidry 568-7912.