



* indicates a mandatory response

LLU School of Medicine Psychiatry Student Evaluation of Attending Physician

*Site (select one):

- VAH - 2NE
- VAH - BHIP
- VAH - Geriatrics
- BMC - Adolescent
- BMC - Child
- BMC - Adult
- BMC - Geriatrics
- BMC - Kaiser Adult
- BHI - Adolescent
- BHI - Child
- BHI - Partial
- BHI - Eating Disorders
- MC - Consult & Liaison
- Kettering
- SBBH
- Resident Shadowing

What was your experience with the following:

	Poor	Below Average	Average	Above Average	Excellent
*Hear the attending discuss the diagnosis and management of new patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Hear the attending discuss the diagnosis and management of ongoing patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Present a case orally to the attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Get quizzed by the attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Get a brief lecture from the attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Interview a patient in front of the attending and get feedback?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Have a not read by the attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

- *Did you have an opportunity to meet with this trainee to discuss their performance?
- Yes
 - No

(for the evaluatee to answer...)

- *Did you have an opportunity to discuss your performance with your preceptor/supervisor?
- Yes
 - No