



* indicates a mandatory response

***Did you work with a resident physician?**

- Yes
 No

If **no**, please enter the site you were assigned, skip the rest of this form, and submit the form.

If **yes**, please enter the resident's name and complete the rest of this form. If you worked with more than one resident on your inpatient rotation, please complete a new evaluation on every resident.

*Site (select one):

- | | |
|--|--|
| <input type="radio"/> VAH - 2NE | <input type="radio"/> BHI - Adolescent |
| <input type="radio"/> VAH - BHIP | <input type="radio"/> BHI - Child |
| <input type="radio"/> VAH - BHOST | <input type="radio"/> BHI - Partial |
| <input type="radio"/> BMC - Adolescent | <input type="radio"/> BHI - Eating Disorders |
| <input type="radio"/> BMC - Child | <input type="radio"/> MC - Consult & Liaison |
| <input type="radio"/> BMC - Adult | <input type="radio"/> Kettering |
| <input type="radio"/> BMC - Geriatrics | <input type="radio"/> BMMC |
| <input type="radio"/> BMC - Kaiser Adult | <input type="radio"/> SBBH |
| <input type="radio"/> BMC - Partial | <input type="radio"/> Resident Shadowing |

***What are the strengths of this resident?**

***Are there areas in which this resident can improve?**

***At the end of this year, we will recognize one Psychiatry resident as "Teaching Resident of the Year". This person would be one who is outstanding in:**

**Quality of teaching,
Dedication to students learning psychiatry,
Modeling compassionate patient care, and
Treating students with respect.**

Would you vote for this resident to receive this award?

You may vote "yes" to more than one resident.

- Yes
 No

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