

**University of Washington School of Medicine  
Psychiatry Clerkship Evaluation Form (page 1 of 4)**

|   |                          |
|---|--------------------------|
| Student Name:                               | UW Student Number:       |
| Course Title:<br>WRITE Psychiatry Clerkship | Site: _____ Dates: _____ |

*Based on your contact with student, please indicate the level of evaluation that best fits the student's performance.*

**CLINICAL PERFORMANCE SECTION**

| <b>Knowledge of Subject: Includes level of knowledge and application to clinical problems.</b>   |  |  |  |   |           |
|--|--|--|--|---|-----------|
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Does not demonstrate understanding of basic principles. Does not apply knowledge to specific patient conditions.   | Rarely demonstrates understanding of basic principles. Rarely applies knowledge to specific patient conditions.  | Often demonstrates understanding of basic principles. Often applies knowledge to specific patient conditions.  | Consistently demonstrates clear understanding of basic and some complex principles. Consistently applies knowledge to specific patient conditions.                         | Almost always demonstrates mastery of basic and most complex principles. Almost always applies knowledge to specific patient conditions. A resource for others.                                       |           |
| <b>Data-Gathering Skills: Includes basic history and physical examination.</b>   |  |  |  |   |           |
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Does not obtain basic history and physical or key information and findings.  | Rarely obtains basic history and physical. Has difficulty gathering all the data or is easily side-tracked or has difficulty prioritizing.                                       | Often obtains basic history and physical. Information is organized and complete enough to make an assessment of major problems.                      | Consistently obtains basic history and physical. Information is organized and complete and identifies and assesses all major and most minor problems.                      | Almost always obtains basic history and physical. Information is complete, organized, and efficiently assesses all major and minor problems.  |           |
| <b>Clinical Reporting Skills: Includes oral case presentations, written or dictated notes, histories, and physical exams.</b>  |  |  |  |   |           |
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Does not communicate medical history & physical exams in organized manner. Unable to communicate major points in explaining patient's story.   | Rarely communicates medical histories or physical exams in an organized manner. Has difficulty w/ chronology or details of findings that makes the story difficult to interpret. | Often communicates medical history and physical exams in an organized and complete manner. Presentation identifies and describes all major problems. | Consistently communicates medical histories and physical exams in an organized and complete manner. Presentations identify and describe all major and most minor problems. | Almost always communicates medical histories and physical exams in an organized and complete manner. Clear written and oral presentations.  |           |
| <b>Evidence-based learning: Includes oral presentation on selected topic, scientific literature relevant to patient care.</b>  |  |  |  |   |           |
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Presentation of special topic shows little preparation. No indications of using evidence-based practice.   | Incomplete preparation for special topic presentation, occasional use of literature in support of evidence-based practice.   | Special topic presentation includes broad use of literature, occasional use of literature in support of evidence-based practice.                     | Special topic presentation shows synthesis of literature, utilizes scientific literature relevant to patient care.   | Special topic presentation sophisticated understanding of the literature. Uses scientific literature relevant to patient care, contributes to the team's understanding and management of the patient. |           |
| <b>Integration Skills: Includes problem-solving skills, ability to use data from patient interview, physical examination, and ancillary tests to identify major and minor patient problems in an organized and efficient manner.</b> |  |  |  |   |           |
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Does <u>not</u> consistently identify major patient problems and issues.   | Rarely able to independently identify and prioritize major problems. Rarely able to problem solve and organize efficiently.  | Often able to independently identify and prioritize major problems. Often able to problem solve and organize efficiently.                            | Consistently able to identify and prioritize all major and most minor patient problems. Consistently able to problem solve and organize efficiently.                       | Almost always able to identify and prioritize all major and minor problems. Almost always able to problem solve and organize efficiently.   |           |
| <b>Management Skills: Includes order writing, initiative, practicality, and independence.</b>  |  |  |  |   |           |
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
| Does not offer an independent plan or plan is unrealistic or illogical. All decisions deferred to others   | Rarely offers an independent plan and/or plan is often unrealistic or illogical.   | Often offers an independent management plan that is realistic and logical.   | Consistently offers an independent management plan that is logical and realistic. Plans are helpful to the team's management of the patient.                               | Almost always offers an independent management plan that is logical and realistic. Plans are well focused and on target and become part of the team's management of the patient                       |           |

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|   |       |                    |  |
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| Course Title:<br>WRITE Psychiatry Clerkship | Site: | Dates:             |  |

**CLINICAL PERFORMANCE SECTION (Continued)**

| <b>Patient Centered Care: Includes eliciting and negotiating agenda; eliciting patient's perspective of illness; and negotiating treatment plan.</b>   |  |  |  |  |    |
|--|--|--|--|--|----|
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5  | NA |
| Does not integrate biomedical and psychosocial perspective into care plan and patient management. Does not elicit patient's perspective of his/her illness. Does not elicit and negotiate agenda with patient. Does not negotiate treatment plan with patient. | Rarely integrates biomedical and psychosocial perspective into care plan and patient management. Rarely elicits the patient's perspective of his/her illness. Rarely elicits and negotiates agenda with patients. Rarely negotiates treatment plan with the patient. | Often integrates biomedical and psychosocial perspective into care plan and patient management. Often elicits the patient's perspective of his/her illness. Often elicits and negotiates agenda with patients. Often negotiates treatment plan with the patient. | Consistently integrates biomedical and psychosocial perspective into care plan and patient management. Consistently elicits the patient's perspective of his/her illness. Consistently elicits and negotiates agenda with patients. Consistently negotiates treatment plan with the patient. | Almost always integrates biomedical and psychosocial perspective into care plan and patient management. Almost always elicits the patient's perspective of his/her illness. Almost always elicits and negotiates agenda with patients. Almost always negotiates treatment plan with the patient. |    |

**PROFESSIONALISM SECTION**

| <b>Communication Skills with Patients, Families, Colleagues, and Staff. Includes ability to modify communication style and ability to listen and constructively resolve conflicts.</b>                                   |   |   |   |   |    |
|--|---|---|---|---|----|
| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2  | <i>Expected to Above</i><br>3   | <i>Exceeds Expectations</i><br>4  | <i>Exceptional</i><br>5   | NA |
| Does not communicate information effectively. Does not have an awareness to modify communication style and content to situation. Unable to establish rapport. Unable to listen and be silent. Not culturally proficient. | Rarely communicates information effectively. Rarely has an awareness to modify communication style and content to situation. Rarely able to establish rapport. Rarely able to listen and be silent. Rarely culturally proficient. | Often communicates information effectively. Often modifies an awareness to modify communication style and content to situation. Often able to establish rapport. Often able to listen and be silent. Often culturally proficient. | Consistently communicates information effectively. Consistently has an awareness to modify communication style and content to situation. Consistently able to establish rapport. Consistently able to listen and be silent. Consistently culturally proficient. | Almost always able to communicate information effectively. Almost always able to modify communication style and content to situation. Almost always able to establish rapport. Almost always able to listen and be silent. Almost always culturally proficient. |    |

| <b>Relationships with Patients and Families: Includes courtesy, empathy, respect, compassion, and understanding the patient's perspective.</b>  |   |   |  |  |    |
|---|---|---|--|--|----|
| <i>Unacceptable</i><br>1  | <i>Below Expectations</i><br>2  | <i>Expected to Above</i><br>3   | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5  | NA |
| Disrespectful, indifferent, callous, discourteous or condescending. Does not solicit the patient's perspective. Imposes own personal values on patient when in conflict with their own. Violates HIPAA, including patient conf. .Inappropriate boundaries. Exhibits behavior that is potentially harmful to patients. | Rarely shows respect, empathy, and compassion. Rarely solicits the patient's perspective. Rarely respects patient's values or imposes own personal values on patient when in conflict with his/her own. | Often demonstrates respect, empathy, and compassion. Often solicits the patient's perspective. Often respects the patient's values, even when in conflict with his/her own. | Consistently demonstrates respect, empathy, and compassion. Consistently able to solicit the patient's perspective. Consistently respects the patient's values even when in conflict with his/her own. | Almost always shows respect, empathy, and compassion. Almost always able to solicit the patient's perspective. Almost always respects the patient's values even when in conflict with his/her own. |    |

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|  |                           |
|--|---------------------------|
| <b>Student Name:</b>                               | <b>UW Student Number:</b> |
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|  | <b>Dates:</b>             |

**PROFESSIONALISM SECTION (continued)**

**Professional Relationships: Ability to work collaboratively with team members, including faculty, staff, and other students; courteous and cooperative attitude; maintains composure in times of stress.**

| <i>Unacceptable</i><br>1  | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4  | <i>Exceptional</i><br>5   | <i>NA</i> |
|---|--|--|---|---|-----------|
| Does not collaborate &/or establish appropriate relationships w/ team. Does not respect team members w/in & across specialties. Not compassionate when interacting w/ team. Does not clarify expectations or clinical responsibilities. Inappropriate boundaries. | Rarely collaborates and/or establishes appropriate relationships with team. Rarely respects the roles of team members within and across specialties. Rarely is compassionate when interacting with team. | Often collaborates and/or establishes appropriate relationships with team. Often recognizes and respects roles of all team members within and across specialties. Often is compassionate when interacting with team. | Consistently collaborates and/or establishes appropriate relationships with team. Consistently recognizes and respects roles of team members within and across specialties. Consistently compassionate when interacting with team | Collaborates well with entire team and seeks to improve team function. Always recognizes and respects roles of team members within and across specialties and works to improve team cohesion. Almost always compassionate when interacting with team. |           |

**Educational Attitudes: Includes active participation in learning, self-reflection, and responsiveness to feedback, and provides respectful and constructive feedback.**

| <i>Unacceptable</i><br>1   | <i>Below Expectations</i><br>2  | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4  | <i>Exceptional</i><br>5   | <i>NA</i> |
|--|---|--|---|---|-----------|
| Does not do what is required. Does not respond appropriately to feedback. Does not reflect on his/her own knowledge base. Does not participate in educational experiences. Is not actively engaged in learning. Argumentative or hostile with feedback. Values self above others, sense of entitlement. Engages in destructive competition. Feedback provided to others is not respectful. | Rarely does what is required. Rarely responds appropriately to feedback. Rarely reflects on his/her own knowledge base. Rarely participates in educational experiences. Rarely is actively engaged in learning. | Often does what is required. Often responds appropriately to feedback. Often reflects on his/her own knowledge base. Often participates in educational experiences. Often is actively engaged in learning. | Consistently does what is required. Consistently responds appropriately to feedback. Consistently reflects on his/her own knowledge base. Consistently participates in educational experiences. Consistently is actively engaged in learning. Seeks additional learning opportunities beyond required level. Often volunteers and stimulates others in discussion. Requests feedback routinely. | Actively participates in all activities. Actively seeks feedback and responds appropriately. Initiates self-assessment and teaches others. Almost always participates in educational experiences. Almost always is actively engaged in learning. Asks insightful questions, motivates others, and demonstrates leadership with individuals and in group settings. |           |

**Dependability and Responsibility: Includes attendance, preparation, and personal appearance. Maintains personal honor and integrity.**

| <i>Unacceptable</i><br>1  | <i>Below Expectations</i><br>2   | <i>Expected to Above</i><br>3  | <i>Exceeds Expectations</i><br>4   | <i>Exceptional</i><br>5   | <i>NA</i> |
|---|--|--|--|---|-----------|
| Frequently late without a legitimate reason or unprepared. Does not follow through with assigned tasks. Not trusted to work independently. Dishonest in any way. Does not maintain appropriate appearance. Absent without an excuse. Erratic or unpredictable behavior. | Occasionally late or unprepared. Rarely follows through with assigned tasks. Rarely trusted to work independently. | On time and prepared. Often follows through with assigned tasks. Often trusted to work independently and knows limits and asks for help when needed. | On time and prepared. Follows through with assigned tasks and often volunteers additional effort to follow through with patient care. Consistently trusted to work independently and knows limits and asks for help when needed. | On time and prepared for required and optional activities. Follows through with assigned tasks and consistently volunteers additional effort to follow through with patient care. Almost always trusted to work independently and knows limits and asks for help when needed. |           |

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|   |                          |
|---|--------------------------|
| Student Name:                               | UW Student Number:       |
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**Evaluator Concern:** Check if there is a concern in either or both of the areas noted below. Describe area(s) of concern and contact departmental site or clerkship director.

- Clinical Performance**
- Professional Behavior or Conduct**

**Required Feedback Comments:** Provide descriptive feedback for student on strengths and areas needing improvement. *(Not for use in the Dean's MSPE unless there is a pattern across clerkships.)*

**Required Overall Performance Comments:** Provide summary of your observations of the student's performance based (*three sentences absolute minimum*) on the clerkship's objectives in all areas of evaluation. *(Comments for use in the Dean's MSPE.)*

**TIME SPENT WITH STUDENT:**

Little or no contact  
Sporadic and superficial contact  
Infrequent but in-depth contact  
Frequent and in-depth contact

**RECOMMENDED OVERALL LEVEL OF EVALUATION:**

Unacceptable Performance (**Fail**)  
Below Expected Performance for Level (**Marginal Pass**)  
As Expected to Above for Level (**Pass**)  
Exceeds Expectations (**High Pass**)  
Exceptional Performance (**Honors**)

|   |                               |
|---|-------------------------------|
| Name of Evaluator (please print): _____   | Role of Evaluator to Student  |
| Signature of Evaluator: _____   | Faculty<br>Fellow<br>Resident |
| Date: _____   | Other, specify: _____         |
| Please print, sign, and return this completed form to your WWAMI Regional Office by June 18, 2008 |                               |

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## INTERDEPARTMENTAL CORRESPONDENCE

TO: EVALUATORS

FROM: PSci 662, 663, 665, 666, 667, 668 and 669 Site Coordinators

RE: **PSYCHIATRY MEDICAL STUDENT AWARDS**

Please indicate below if you feel your medical student should be considered for the following awards.  
Please remember that only **HONORS** students may be nominated.

STUDENT'S NAME: \_\_\_\_\_

1. Departmental Awards: (select **only one** of three; more will be disregarded)

**Georgiana Kirby Award**: (emphasis on dedication & compassion) \_\_\_\_\_

The Kirby Award, given by the Friends of the University of Washington, is to go to the graduating medical student who has demonstrated outstanding dedication to his or her studies and clinical work, and has shown the compassion for patients that is embodied in the ideal physician.

**James W. Haviland Award**: (potential for professional leadership) \_\_\_\_\_

This award for clinical excellence is presented to that graduating senior who has demonstrated outstanding clinical competence and who holds unusual promise as a leader of medicine in the future.

**Mason Clinic Award**: (emphasizes patient care) \_\_\_\_\_

This award is presented to the graduating medical student who has demonstrated outstanding ability to blend knowledge, judgment, and compassion in the care of patients.

2. University of Washington Medical School Award:

**Alpha Omega Alpha (AOA) Award**: \_\_\_\_\_

3. **CONSIDER STUDENT FOR BOTH AWARDS**: \_\_\_\_\_

(Kirby OR Haviland OR Mason AND AOA)

4. **NOT APPLICABLE**: \_\_\_\_\_

Evaluator's name (you): \_\_\_\_\_

RETURN THIS NOMINATION FORM ALONG WITH THE COMPLETED GRADE REPORT SHEET FOR THE STUDENT TO YOUR WWAMI REGIONAL OFFICE. Thank you.