Brackenridge   Shoal Creek   Austin State Hospital

Student Evaluation of Faculty and House Staff
Department of Psychiatry and Behavioral Sciences

Directions:
Please rate each faculty member and resident with whom you had sufficient contact.
Please let the coordinator know if you need additional forms.

PLEASE USE A SEPARATE FORM FOR EACH FACULTY OR RESIDENT PHYSICIAN

Last Name____________________ First Name__________________
Faculty/Resident/Fellow
Faculty/Resident’s Gender:   Male  Female   Your Gender:   Male  Female

Bubble in Location of Contact:
Major Clinical Assignment     Minor Clinical Assignment (<7 days)
Outpatient Assignment
On-Call Night

Please use the following scale for the questions listed below:
1=Poor  2=Fair  3=Neutral  4=Good  5=Excellent

1 2 3 4 5

1. Effectiveness in defining and illustrating clinical signs and symptoms.
2. Overall effectiveness of feedback concerning performance.
3. Help in developing skill at clinical problem-solving.
4. Help in developing skills in communicating case material.
5. Approach to patients (was his/her manner one which exemplifies those characteristics you desire in a physician?).
6. Interest in teaching and promoting scholarly work.
7. Overall effectiveness.

COMMENTS: