



UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Department of Radiology



Clinical rating form for faculty in the Clinician-Teacher pathway

NAME OF CANDIDATE _____ NAME OF EVALUATOR _____

Please let us know the basis for your ratings:

How many years have you known the candidate? _____

I am able to evaluate this candidate because I have frequent and recent interactions: Please check: _____ yes _____ no

Please check which of the following ways you have been aware of the candidate's clinical work.

- _____ Observed the candidate's clinical work
- _____ Observed less formal clinical discussions (e.g., case conferences)
- _____ Discussed cases and/or clinical care issues with him/her
- _____ Shared patient care (e.g., clinic)

Rating scale: UA = Unable to Evaluate; 1 = lowest rating; 9 = highest rating
(Please check appropriate box)

Professionalism

Inadequate respect, compassion, responsibility, integrity, availability.

1	2	3	4	5	6	7	8	9	UA

Always shows respect, compassion, responsibility, integrity, availability.

Medical Knowledge

Limited Knowledge.

1	2	3	4	5	6	7	8	9	UA

Extensive and well-integrated.

Communication skills **(both verbal and reporting)**

Very poor ability to communicate.

1	2	3	4	5	6	7	8	9	UA

Excellent ability to communicate.

Image Management

Very limited ability to manage the imaging of patients with multiple complex medical problems.

1	2	3	4	5	6	7	8	9	UA

Excellent ability to manage the imaging of patients with multiple complex medical problems.

Appropriateness of Diagnosis

Fails to critically assess information and make concise and appropriate diagnoses.

1	2	3	4	5	6	7	8	9	UA

Critically assesses information and makes appropriate diagnoses

Overall Radiological Skills

Very poor overall radiological skills.

1	2	3	4	5	6	7	8	9	UA

Outstanding overall radiological skills.

Other Comments:

Signature of Evaluator

Date

**Please return form to Mentorship Committee, Box
359728 or
fax to 206-744-8560**

Thank you for helping with this important evaluation .