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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

1	2	3	4	5	6	7	8	9	UA

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

Medical Knowledge

1	2	3	4	5	6	7	8	9	UA

Limited Knowledge. — Extensive and well-integrated.

Communication skills (both verbal and reporting)

1	2	3	4	5	6	7	8	9	UA

Very poor ability to communicate. — 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 .