Dear Residency Program Director,

Thank you so much for sending your wonderful applicant(s) to our University of California San Diego (UCSD) Child and Adolescent Psychiatry Fellowship Program this year! We definitely value your partnership and collaboration, and please let us know how we can support you, your program, and your department, now and in the future.

Our program does require this additional Report of Performance form to be filled out by the applicant's Program Director, or Associate Program Director if the Program Director is unavailable. We apologize for the inconvenience this may cause and have tried to streamline the process so that you can use the Adobe "fill and sign" function without having to print and scan it. For those who are less familiar with Adobe, written responses to the questions below can be e-mailed in place of the form. A digital signature will also suffice, so long as the document is clearly sent by the Residency Program Director or Associate Program Director.

This form is required in order for the application to be considered complete, and thus we will be unable to issue an interview to the applicant(s) from your institution until we receive and review it as a part of their file. It should take no longer than 5-10 minutes of your time.

Please send this form **directly** and **confidentially** to **Sabina Perez**, Program Coordinator for the UCSD Child and Adolescent Psychiatry Fellowship Program (sperez@rchsd.org). **Forms sent directly by the applicant(s) themselves will not be accepted**.

Please feel free to direct any inquiries to Ms. Perez or myself (ssidhu@rchsd.org). My cell phone is also listed in the signature line below, and please feel free to text or call me at any time.

Thank you so much for your time!

Shawn Singh Sidhu, M.D., DFAPA, DFAACAP
-Professor, University of California San Diego (UCSD) School of Medicine
-Program Director, UCSD Child and Adolescent Psychiatry Fellowship Program
-Cell: 937-243-8398

RESIDENT REPORT OF PERFORMANCE FORM (Please start with this section)

Date Form Completed:
Applicant Name:
Institution/Residency Program:
Program Director Name:
Program Director Signature:
Typed Signature Accepted:

Rady Children's Hospital-San Diego

*Please provide written comments that describe which box applies to the applicant. Additional details are much appreciated!

	"Needs Help"	"Does the Basics"	"Typical of Most Residents"	"A Strong Resident"	"Truly Exceptional, Best in Class, Level of An Attending"
Task Management and Completion	*Errors in orders, omitted orders, falls behind, requires more oversight*	*Needs reminders but does enough to get by without disrupting care*	*Manages tasks effectively with minimal correction and improvement*	*Tasks completed fully and early, does extra (consults, collateral)*	*Completes not only their tasks, but also the tasks of others, improves workflow for all*
Comments:					
Documentation	*Late, falls behind or needs extra time, incomplete, missing important details, attending steps in*	*Minimal, without much elaboration, too efficient or too copious, meets most requirements*	*Mix of efficiency and thoroughness, some pointers needed but responsive to feedback*	*Notes done early, include all relevant information, doesn't need to be told things twice*	*Beautiful assessments, differentials, and formulations, implements EHR improvements for others*
Comments:					
Responsiveness/ Conscientiousness	*Misses pages, delays in calling back, coordinator has to work hard to get items completed*	*Comes in late or cuts it close, leaves early, eventually responds but needs encouragement*	*Shows up early, stays until all work is done (not just their work), reliable in responsiveness*	*Actively reaches out, clearly prepares for the day and the rotation, checks in multiple times daily*	*Responds for the whole team, anticipates the needs of the program or team, organizes their co-residents*
Comments:					
Initiative and Ownership in Clinical Work	*May struggle with motivation, "clocks in and clocks out," not as engaged*	*Completes basic clinical work, defers to attending, doesn't read as much*	*Interested, asks questions, reads, will take ownership if asked to do so*	*Motivated, takes ownership of patients, guides treatment planning*	*Junior attending, leads the team, sees extra patients, complex and nuanced discussions*
Comments:					
Response to Constructive Feedback	*Attendings are cautious in giving feedback, may become defensive, hierarchy with staff*	*Not defensive, but some difficulty in consistently implementing lasting changes*	*Requires consistent guidance, eventually implements feedback, may have a few blind spots*	*Growth mindset, actively seeks out and retains feedback regardless of source (staff, etc.)*	*Constantly in a state of self-assessment, curious, unusually insightful, fully open to others regardless of their title*
Comments:					
Interpersonal Communication Skills	*Some concerns, may be abrasive or blunt, patients destabilize or request other providers, attending needs to step in*	*Misses non-verbal hints from the patient, some challenge adapting to patient, situation, or environment*	*May shy away from uncomfortable topics, responds and grows with continued feedback and modeling*	*Utilizes communication with patient, family and staff to optimize impact of treatment plan*	*A master of verbal and non-verbal communication, effortless, even in face of patient crisis or emotional dysregulation*
Comments:					

Additional Comments: