STACER Feedback Form

Resident Name: ______________________ Name of Assessor: ______________________

PGY- level: ______________________ Name of Assessor: ______________________

☐ STACER Examination
☐ Departmental Oral Examination
☐ Mock Oral Examination

Your performance on today’s assessment based on your level of training:
NB: PGY-4/5 residents are expected to be performing at the level of junior psychiatric consultants

☐ Met expectations ☐ Did not meet expectations

COMMENTS:

STRENGTHS. The following contributed to your effectiveness:
1. 
2. 
3. 

WEAKNESSES. You should consider modifying the following:
1. 
2. 
3. 

RECOMMENDATIONS. To increase your effectiveness, you may wish to consider modifying the following:
1. 
2. 
3. 

Resident Signature: ______________________

Assessor Signature: ______________________

Assessor Signature: ______________________

Date: ______________________