

Evaluation Form



Printed on Apr 07, 2016

Resident Self-Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

Please complete this self-assessment form. This tool should be used to help you identify strengths and limits in your knowledge and expertise. Ultimately, this tool is intended to help you identify areas of further professional growth. This form will be reviewed by the Clinical Competency Committee as a part of your portfolio review. In addition, you will have an opportunity to discuss this form with your Program Director or Associate Program Director during your Semi-Annual Review.

Patient Care

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
	▼ Expand ▼					
1. My ability to take a patient's history by obtaining essential and accurate information that prioritizes the differential diagnosis and defines each patient's clinical problem.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
	▼ Expand ▼					
2. My ability to elicit important physical exam findings and demonstrate them to other members of the health care team.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
	▼ Expand ▼					
3. My ability to recognize and respond to situations that require urgent or emergent medical care.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
	▼ Expand ▼					
4. My ability to diagnose and develop a comprehensive management plan for undifferentiated and emergent conditions amongst hospitalized patients.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
	▼ Expand ▼					
5. My understanding of the indications for and interpretation of various diagnostic tests including labs, imaging, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

procedures.*

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

6. My ability to provide compassionate and effective support for suffering and/or dying patients and their families.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

7. My ability to evaluate and treat common ambulatory conditions and provide preventative care.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

8. My understanding and ability to provide high value, cost-conscious patient care.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

9. My exposure, comfort, and confidence with performing common invasive procedures expected of an Internal Medicine resident.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Medical Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

10. My assessment of my medical knowledge following review of my last in-service exam score.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

11. My ability to develop and be committed to a structured, individualized study plan to enhance my medical knowledge*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Practice Based Learning and Improvement

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know
▼ Expand ▼					

12. My ability to analyze systematically my practice and/or our healthcare system using quality improvement methodology.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

13. My ability to reflect on feedback and incorporate it into my daily practice.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interpersonal and Communication Skills

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

14. My ability to communicate and create rapport with patients and their families.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

15. My ability to communicate effectively with nurses and other ancillary staff.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

16. My ability to communicate effectively with peers and other physicians.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Professionalism

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

17. My ability and willingness to respond to each patient's unique characteristics and partner with my patient in shared decision making.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

18. My ability and commitment to maintain accurate, comprehensive, and timely medical records.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of	Needs a little improvement	On track for my level for	Skilled & ready for	Able to expertly teach & role	I don't

improvement		of training			
▼ Expand ▼					

19. My commitment to attending departmental conferences such as morning report, noon conference, and grand rounds.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. My acceptance of responsibility and commitment to completing administrative tasks (including email, forms, surveys, ambulatory quizzes, etc.) by the deadlines provided without the need for multiple reminders.*

Systems-Based Practice

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. My ability to work effectively as a member and/or leader of an interprofessional healthcare team.*

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. My ability to access medical information resources to answer key clinical questions and support decision making.*

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. My ability to coordinate care transitions within and across healthcare delivery systems including the inpatient setting, ambulatory setting, rehab, and skilled nursing facilities.*

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. My ability and commitment to provide effective verbal and written communication to ensure safe transitions of care between providers.*

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. My ability to identify risk and prevent medical errors.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Needs a lot of improvement	Needs a little improvement	On track for my level of training	Skilled & ready for independent	Able to expertly teach & role model for others	I don't know

▼ Expand ▼

26. My ability and commitment to submit an electronic incident report when I identify a medical error or near-miss.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Learning and Improvement Goals

27. After reviewing your self-assessment form above, what are some consistent strengths of yours? *

28. After reviewing your self-assessment form above, what are your perceived areas of weakness? *

29. For the areas that you have identified as strengths, please identify a plan for how you will continue to improve your performance in these areas. *

30. For areas that you have identified as a weakness, please specify your plan for improvement. How can you be a better resident, colleague, or physician to your patients? *

Building EQ Questions

31. Describe some situations or circumstances that bring out the best in you. *

32. Describe a time when you put the needs of another person ahead of your own in order to help a patient or colleague. *

33. Describe how you handle a situation in which a patient's or family's personal beliefs differ from yours, specifically when it comes to an end-of-life decision. If possible, provide an example. *

34. What do you hope to achieve in residency moving forward?

*

35. Please provide any other comments here, if necessary.
