



(Insert program name) TRAINING PROGRAM

Resident Self-Assessment/Reflection

Name (Print) _____ PGY _____ Date _____

The _____ Training Program is committed to resident development of ongoing self-assessment and self-reflection skills. Each resident needs to complete the following self-assessment form prior to each 6-month formal meeting with program leadership.

PATIENT CARE competencies (gather essential/accurate information about pts; make informed decisions about diagnostic/therapeutic interventions based on pt information/preferences, up-to-date scientific evidence/clinical judgment; develop/carry out patient management plans; counsel/educate patients and families; perform competently all medical/invasive procedures essential for the area of practice.)

How I am doing ? (circle) Feel Uncomfortable Feel Comfortable Feel Very Comfortable
Need Improvement (circle) A lot Some Little to none

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
2. _____

MEDICAL KNOWLEDGE competencies (demonstrate an investigatory/analytic thinking approach to clinical situations; know and apply the basic and clinically supportive sciences which are appropriate)

How I am doing ? (circle) Feel Uncomfortable Feel Comfortable Feel Very Comfortable
Need Improvement (circle) A lot Some Little to none

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
2. _____

Practice based learning competencies (analyze practice experience/perform practice-based improvement activities; locate, appraise, and assimilate evidence from scientific studies related to pts' health problems; apply knowledge of study designs/statistical methods to the appraisal of clinical studies and other information on diagnostic/therapeutic effectiveness; use information technology to manage/access medical information.)

How I am doing ? (circle) Feel Uncomfortable Feel Comfortable Feel Very Comfortable
Need Improvement (circle) A lot Some Little to none

Area(s) in which I feel strong _____

Area(s) I need to keep improving _____

Specific objectives for next 6 months and strategies to achieve objectives

- 1. _____
2. _____

