

Self Evaluation of Chief Resident
Santa Rosa Family Medicine Residency Program
Patient Centered Medical Home (PCMH) Ambulatory Care Curriculum

Please complete this evaluation at start of each Chief Month (three times in the year)

Chief Resident being evaluated: _____ date: _____

Faculty Coach: Mills

Rank each area as:

1=needs significant attention

2=needs some attention

3=about right for now, but look forward to learning more this month

4=one of my stronger points, don't need to focus on it as I know I'm almost there

5=ready to go practice independently in this domain

Ideally we can get you to a 4-5 range in everything by graduation.

Demographics

- 1) Indicate which of the three months of training you will receive as Chief resident you are self evaluating
1st month ever 2nd half way there 3rd my last chance!

Your ratings for the following questions should indicate the level at which you currently perform. Remember the goal is to be at the level that a graduate who is confident to practice and lead in a PCMH independently. A 5 (five) would be ready to perform without supervision; another way to think of it is that you feel you have the skill base you need, and don't need to work on this aspect further to be satisfied with your residency training. Please include comments at the bottom regarding any areas in which you ranked yourself significantly above or below you feel your level of training should be at by graduation. This self assessment will provide you with a Needs Assessment for this month's learning plan to target the activities to meet your goals to practice/manage a high performing patient centered family medicine practice (the New Model).

Medical Knowledge and Procedural Skills-outpatient (*What the resident knows*)

- 2) The resident demonstrates knowledge of criteria for diagnosis of commonly seen conditions (eg, HTN, DM, Lipid Disorders, headaches, obesity, GERD, asthma, depression, anxiety).
- 3) The resident demonstrates knowledge of criteria for beginning, escalating or discontinuing treatment for common conditions listed above.
- 4) The resident demonstrates proficiency at providing anticipatory guidance for childhood development.
- 5) The resident demonstrates knowledge of CDC vaccination guidelines and can discuss the risks/benefits of vaccines with families.

- 6) In caring for pregnant patients the resident demonstrates knowledge of and the ability to follow appropriate prenatal care guidelines for uncomplicated obstetrics and recognizes common conditions and complications of pregnancy and makes appropriate referrals for high-risk OB consultation.
- 7) The resident recognizes and appropriately manages common urgent/emergent complaints seen in clinic (URI, ingrown nail, gastroenteritis, abscess, headache, chest pain, asthma exacerbation)
- 8) The resident demonstrates appropriate ability to manage patients with chronic pain by ascertaining the diagnosis, instituting a pain agreement/contract, maintaining healthy boundaries/therapeutic relationship, performing routine monitoring and generating clear, concise documentation including a current problem list and easily identifiable treatment plan that ensures coordinated communication and care amongst other team members.

Patient Care (*What the resident does in caring for patients*)

- 9) The resident demonstrates ability to utilize the electronic health record and associated Health Information Technology to care for patients by integrating patient information from the records and writing clear, complete and timely notes that are easy for other providers to understand (completing charts by the end of the session 80% of the time and within 2 business days 100% of the time).
- 10) The resident routinely offers patients appropriate preventive care collaboratively engaging in patient-centered evidence based interactive dialog generating an informed patient choice.
- 11) The resident begins *chronic disease management* with appropriate lifestyle modifications and includes appropriate therapies based on evidence based guidelines to meet goals of therapy (Controlled A1C, Blood Pressure, Lipids, Asthma prescription use, improved PHQ9 scores).
- 12) The resident is familiar with the *chronic care model* and able to work with a “*prepared practice team*” and “*informed, activated patient*” to generate productive interactions and improved outcomes.
- 13) The resident uses *labs* and *diagnostic imaging* judiciously when necessary for diagnosis, monitoring or changing therapy.
- 14) The resident has demonstrated ability to use multi-modal communication beyond face to face office visits in caring for his/her panel of patients (telephone appointments, e-visits/secure messaging).
- 15) The resident is participating in Group Medical Visits.

Practice Based Learning (*How resident gets better in clinical learning sessions*)

- 16) The resident seeks, utilizes and evaluates reference information (via textbooks, online journals (eg, Up To Date), evidence based guidelines, expert opinion, IT clinical decision support tools).
- 17) The resident demonstrates ability to use patient registries to manage the health of his/her population of patients (panel management).
- 18) The resident demonstrates openness to feedback resulting in noticeable performance improvement.
- 19) The resident has engaged in a Quality Improvement Project or at least can demonstrate an understanding and skill in QI (using PDSA).
- 20) The resident precepts cases appropriately with the preceptor according to licensure status and condition of the patient.

Interpersonal and Communication Skills (*How resident interacts with others*)

- 21) The resident presents a well organized and understandable case.
- 22) The resident establishes therapeutic and ethically sound relationships with patients in a patient centered manner.
- 23) The resident demonstrates the ability to help patients change maladaptive lifestyle habits, including assessing patients' readiness, confidence, previous attempts and anticipated barriers for change.
- 24) The resident is able to use the electronic health record/computer in the room with the patient as a tool to enhance the quality of care and patients experience effectively (rather than detract from the visit experience).
- 25) The resident works effectively as a team member (presents clear sign out, follows through on cross cover or team work, communicates with team members and staff respectfully).

Professionalism (*How resident upholds the standards of the profession*)

- 26) The resident demonstrates reliability in meeting the demands of a physician in training (answers pages and responds to emergencies promptly, has good attendance, uses personal cell phone judiciously, arrives at scheduled time, participates in team meetings, manages in-box ("jelly beans"), completes charting on time).
- 27) The resident demonstrates respect when dealing with patients, colleagues and staff of all backgrounds (including those of different culture, age, gender, and socioeconomic station, religious and sexual preferences).
- 28) The resident has demonstrated skill in patient centered care as measured by the patient satisfaction survey (measured by Dept of Performance Excellence).

System-Based Practice (*How the resident works within the system*)

- 29) The resident demonstrates the ability to use community, ancillary or hospital resources to optimize patient care.
- 30) The resident manages time in clinic well. This means the last patient is in the room and visit has begun within 20 minutes of the appt time, precepts appropriately during the entire clinical learning session while maintaining staying on time with patients (in the room within 10-20 minutes of appt time).
- 31) The resident keeps patient charts up-to-date (80% completed at end of session; 100% within 2 business days), medication and problem lists are up to date, and pain medication scheduling is clearly displayed.
- 32) The resident manages jellybeans for incoming paperwork, phone calls, medication requests and lab follow-ups in a timely manner. Jellybeans that are remaining unaddressed contain documentation making actions taken and next steps clear to other members of the care team.
- 33) The resident has been able to maintain continuity of care with his/her patient panel (measured by the Department of Performance Excellence).
- 34) The resident has completed adequate number of patient visits (RRC target measured by Department of Performance Excellence).

Formative Feedback for the Quarter

- 35) Please comment on areas in which you feel you are excelling or making noticeable improvement:

36) Please comment on any specific areas in which you think you need to improve your skills, attitudes or knowledge base (which will highlight what you want to work on this month):

37) Have you received any other feedback or have other areas that you want to us to know to help your professional development as Chief this month?