

## End of DBP Rotation Self-evaluation: 2016-2017

<b>Resident name</b>	
<b>Site</b>	LPCH
<b>Evaluation type</b>	Resident Self-evaluation
<b>DBP Rotation participation dates</b>	
<b>Evaluation completion date</b>	

### COMPETENCY: PATIENT CARE

#### *PC1. Data-gathering by history and physical*

	History-taking is often incomplete, superficial, and does not include elements essential to assessment of developmental and behavioral concerns. Examinations are incomplete, cursory, insensitive, and unreliable				Performs precise, logical, thorough, and efficient histories and exams. Includes elements relevant to assessment of developmental and behavioral concerns. Incorporates input from multiple settings (e.g. home, school).
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

#### *PC2. Organizing and prioritizing responsibilities to provide patient care that is safe, effective, and efficient*

	Struggles to organize patient care responsibilities, leading to focusing care on individual patients rather than multiple patients. Even small interruptions in task lead to prolonged or permanent break in that task to attend to the interruption.				Serves as a role model of efficiency. Patient care responsibilities are prioritized to proactively prevent interruptions. Unavoidable interruptions are prioritized to maximize safe and effective multitasking of responsibilities.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

## End of DBP Rotation Self-evaluation: 2014-2015

### PC6. Clinical judgment

	Unable to distinguish abnormal from normal development and behavior. Mis-estimates significance of developmental-behavioral findings. Fails to refer when warranted.				Accurately distinguishes abnormal development and behavior from normal variants. Refers to specialists appropriately.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

### COMPETENCY: MEDICAL KNOWLEDGE

#### **MK1. Formulation of clinical questions (PICO - Evaluation and application of current information and evidence for patient care.**

	Only uses evidence when prompted. Goes to summary literature as a source. Is unable to distinguish levels of scientific quality.				Independently seeks evidence to address questions. Uses original and summary research. Understands levels of scientific quality (e.g., RCT vs. retrospective chart review).
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

### COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

#### **ICS1. Effective communication with patients, families, and the public, as appropriate, across a broad range of SES and cultural backgrounds.**

	Lacks appropriate respect, compassion, and empathy. Displays insensitivity and impatience towards patients and families. Does not demonstrate active listening.				Communicates information about diagnosis and management in a respectful, non-judgmental manner. Conveys difficult news effectively. Establishes rapport and listens actively.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

## End of DBP Rotation Self-evaluation: 2014-2015

### COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT

#### *PBLI2. Establishment of learning and improvement goals*

	Clinical encounters are the stimulus for goal-setting. These goals are established at the 'how-to' level of managing the acute needs of patients with well-defined conditions.				Learning goals are prompted by ongoing reflection and continual drive to expand knowledge and skills to optimally care for any patient and to improve teaching and leadership. Goals are elaborated, including short- and long-term components.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

#### *PBLI4. Incorporation of formative feedback into practice*

	Difficulty considering others' points of view when they differ from own, leading to defensiveness and inability to receive feedback; limited incorporation of formative feedback into daily practice.				Professional maturity and deep emotional commitment lead to deliberate practice and result in continuous reflection, self-regulation, and internal feedback. Continuous improvement beyond a focus on deficiencies.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

# End of DBP Rotation Self-evaluation: 2014-2015

## COMPETENCY: SYSTEMS-BASED PRACTICE

*SBP2. Coordination of patient care within the health system relevant to pediatrics and DBP*

	Inadequate understanding of community resources and educational laws. Acts without awareness of the impact of health care systems on individual patient care.				Demonstrates understanding of community resources and educational laws relevant to children with DBP problems. Recommends appropriate referrals to outside agencies; understands impact of health care systems on patient care.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

## COMPETENCY: PROFESSIONALISM

*P1. Demonstrate humanism, compassion, integrity, and respect for others based on the characteristics of an empathetic practitioner*

	Sees the patients in a "we versus they" framework and is detached and not sensitive to the human needs of the patient and family.				Is a proactive advocate on behalf of individual patients, families, and groups of children in need.
Insufficient contact to judge	Below expectations		Meets expectations		Above expectations
0	1	2	3	4	5

### Best aspects of your performance

Refer to the descriptive statements for each area of competency. Use examples whenever possible.

### Possible areas for your improvement

Refer to the descriptive statements for each area of competency. Use examples whenever possible.