

Madison Residency Program Resident Self-Evaluation Form

Resident Year: **PGY1** **PGY2** **PGY3**

Name: _____ Evaluation Period: From: _____ To: _____

Self-evaluation is an essential lifelong professional skill. This process is meant to assist you and your mentor in completing your overall evaluation.

The Accreditation Council for Graduate Medical Education has defined six areas of "general competency" that are expected of residents in all specialties. "Competency" seems like an elusive concept because we always strive to continuously improve in each of these areas. **For the purposes of our evaluation process, competency is defined as functioning at the level of a new practitioner**, i.e. at a level that would be satisfactory for someone who has just completed our residency program and is beginning her/his career as a family physician. On the attached summary of the competencies, specific areas of emphasis are identified for evaluation in our program for each year of residency.

Please comment on your performance from a personal perspective, considering any problems you may be encountering, looking at your personal goals and making concrete plans for the future. **This should be completed prior to meeting with your mentor for your periodic review.**

The Competencies:

1. **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

2. **Medical Knowledge:** Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

3. **Practice-Based Learning and Improvement:** Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

4. **Interpersonal and Communication Skills:** Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

5. **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

6. **Systems-Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Please rate your progress on the scale below:

<i>Not</i>	<i>Making</i>	<i>Competency</i>
<i>Making Satisfactory</i>	<i>Satisfactory Progress</i>	<i>Achieved</i>
<i>Progress</i>		

Comments:

Other Questions:

1. List two of your *personal* strengths

2. List two of your professional strengths.

3. What obstacles, if any, are you experiencing that impede your professional growth?

4. Do you have adequate time for rest and relaxation? If not, what would be helpful and what ideas do you have to improve this?

5. Is the residency program meeting your professional and personal needs? Comments?

Goals:

1. List any goals you would like to achieve during the next 6 months and how you will achieve them:

2. Using all of the above as a guide, list specific actions you would like to take during the next 6 or more months:

3. What progress have you made on the goals you set during your last educational planning session (if applicable):

Please Note: Obviously a form can't capture all your concerns. Please take some time to think about other issues that affect your learning to discuss with your mentor if you wish.

Resident Signature: _____ **Date:** _____

Please complete this prior to the faculty group evaluation sessions (see evaluation calendar). If you are a Belleville or Northeast Resident, please return completed form to Michelle Grosch. If you are a Wingra or Verona Resident, please return completed form to Judy Nepokroeff. The form will be copied for your file and given to your mentor.