

**Fox Valley Family Practice Residency
University of Wisconsin
Periodic Resident Counseling**

Resident	Advisor	Date	Period

NO= Not Observed NC= Not Competent CO= Competent CL=clinician EX=expert MA=master

Patient Care

NO NC CO CL EX MA

The resident is compassionate in providing patient care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routinely designs and formulates effective treatment plans for patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes health through direct patient care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes health through the context of community medicine initiatives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to counsel patients and their families in medical decision making.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes informed decisions about diagnostic and therapeutic interventions based on patient preference, evidence and clinical judgment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths:

Areas to improve upon:

Goals:

Medical Knowledge and Skill

- The resident demonstrates a fund of knowledge commensurate with residency expectations.....
- The resident demonstrates proficiency in medical and procedural skills.....-
- The resident performs with proficiency on formal testing.....
- The resident applies a biopsychosocial approach to care.....
- The resident incorporates the principles and practices of health maintenance in each patient encounter when appropriate..

NO	NC	CO	CL	EX	MA

Strengths:

Areas to improve upon:

Goals:

Practice Based Learning and Improvement

The resident identifies the purpose(s) of the visit.....
 The resident assembles relevant information and observations.....

NO	NC	CO	CL	EX	MA

The resident develops reasonable differential diagnosis and prioritizes them to ensure attention is given to the most likely, most serious, and most readily treatable options.....

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Can analyze practice experience and perform basic improvements using systematic methodology.....
 Can locate and assimilate evidence from scientific studies as it relates to patient care.....
 Can facilitate the learning of students and other health care professionals.....
 Can perform critical analysis of medical literature.....

Strengths:

Areas to improve upon:

Goals:

Professionalism and Personal Organization

NO NC CO CL EX MA

The resident is timely in patient care.....
 The resident is timely in medical record keeping.....
 The resident understands billing and bills in a timely and reliable fashion.....
 The resident is timely in responding to telephone messages.....
 The resident is timely in attending meetings.....

The resident is timely in on-call responsibilities.....
 The resident demonstrates thoroughness in patient care, both at the time of a visit and in follow up.....
 The resident demonstrates thoroughness in medical record keeping.....
 The resident demonstrates thoroughness in completion of curriculum requirements.....
 The resident functions in prioritizing tasks well.....

The resident functions efficiently by completing tasks with an appropriate investment of time and effort.....
 The resident understands and maintains appropriate licensure and credentialing requirements for work.....
 Approaches work responsibilities with integrity
 Approaches patients social and healthcare needs in an ethical and respectful manner.....
 Is able to empathize with and express sensitivity to diverse patient populations.....

Strengths:

Areas to improve upon:

Goals:

Interpersonal Behavior and Communication Skills

NO NC CO CL EX MA

The resident presents self, the practice, and the specialty in a manner which will encourage the patient to select them, the practice and the specialty of family medicine in the future.....

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The resident works together with the front office and nursing staffs in a manner that fosters mutual respect and facilitates an effectively run office.....

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The resident is receptive to teaching and engages in medical education activities influenced by interest, deficiency, and need.....

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The resident cooperates with colleagues, faculty, consultants, and staff in a manner which fosters mutual respect and facilitates the effective handling of patient care issues.....

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The resident demonstrates a willingness to use electronic technology and evidence based resources in acquiring and utilizing information for clinical practice and professional development.....

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Strengths:

Areas to improve upon:

Goals:

Systems Based Practice

The resident understands and functions effectively in the larger context of the health care system (understands how hospitals, insurance companies, and public health/policy can effect their practice and their patient's care).....

Understands the different types of health care systems in how they relate to health care delivery and their impact on health care costs.....

Practices cost-effective health care and resource allocation that does not compromise quality of care.....

Functions as a patient advocate in helping negotiate the multitude of health care systems.....

Is able to coordinate systems, interpret outcomes, and enact change to improve system performance.....

NO	NC	CO	CL	EX	MA

Strengths:

Areas to improve upon:

Goals:

Evaluation Rating
Definition of Terms

Master----

Integrates multiple skills at the **highest levels**.

Has the **highest level** of understanding of the evidence behind and the meaning of the competency being evaluated.

Is aware of the latest research, and **routinely applies** this research to the skill and competency being evaluated.

Needs **no to little direction** and is comfortable and **proficient enough** with the competency **to teach it to others**.

This resident can take the competency at hand **and apply it** to the larger context of the medical experience and demonstrates this on a **consistent basis**.

Displays the **highest levels** of self assessment and the ability for self improvement for the measured competency.

Expert----

Consistently able to demonstrate the competency with **little to no direction**.

Understands how the skill and competency applies to the larger context of the medical experience.

Shows a **moderate level** of self assessment and self improvement for the measured competency.

Recognized by staff as someone that **sets “the best example”** in the described competency

Has a **high level of awareness** of the evidence and reasoning behind the measured the competency.

Clinician—

Able to demonstrate and **apply the competency** to patient encounters and staff encounters **on a consistent basis**, however **does not routinely understand** how the competency applies to larger context of the medical experience.

The resident asks appropriate questions, and seeks knowledge from faculty. However, there is **less self assessment and self directed information gathering** from the resident as compared to the master, and expert levels.

Able to **repeat a skill routinely**, but **doesn't always understand the evidence or meaning behind it**. Requires more direction from faculty and staff in regards to this.

Competent—

The resident has **demonstrated the competency**, although it **may not be consistently demonstrated** without direction from faculty.

Skill set and competency improve through direction from faculty

Not Competent--

Fails to improve after intervention and sustained direction from staff and faculty.

Or

Requires multiple interventions from staff and faculty **to routinely demonstrate** the competency **when prior competency has been noted**.

Or

Level of training would predict that **competency** had been met, but the **resident fails to demonstrate competency**.

Not Observed—

Competency and/or skill set has not been adequately observed by residency faculty or documented by support staff or community faculty fairly assign a competency level.

******* This category requires written documentation in the “goals section” of evaluation areas outlining a plan and time table in which the skill set and competency should be demonstrated by.**