



RESIDENT SELF-ASSESSMENT PROFORMA

Resident Name _____

Date _____

Year of Training _____ Hospital Name _____ Unit _____

<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Not Applicable	I rarely demonstrates (<25% of the time)	I do this Sometimes (25-50% of the time)	I do this most of the time (50-75% of the time)	I do this all the time (>75% of the time)

1.	I am able to acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis driven fashion.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.	I am able to seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records and pharmacy)	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.	I am able to perform accurate physical examinations that are appropriately targeted to the patient's complaints.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.	I am able to synthesize all available data, including interview, physical exam, and preliminary lab data to define each patient's central clinical problem.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.	I am able to develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plans for common conditions in Internal Medicine patients.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.	I am able to recognize situations with a need for urgent or emergent medical care, including life threatening conditions.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.	I am able to recognize when to seek additional guidance.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8.	I am able to provide appropriate preventive care.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.	I am able to manage patients with common clinical disorders in the practice of outpatient internal medicine with minimal supervision.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.	I have performed several invasive procedures and documented them in my New Innovations log.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.	I demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12.	I understand the indications for and the basic interpretation of common diagnostic tests.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.	I have reviewed my in service exam scores and believe my medical knowledge is where it should be for my level of training.	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14.	I am able to identify clinical questions as they emerge	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



Table with 7 columns and 30 rows. The first column contains item numbers (15-30). The second column contains statements related to patient care activities. The remaining five columns contain checkboxes for response options: NA, 1, 2, 3, and 4.

Please identify three specific clinical skills that you have improved over the past six months:

Empty rounded rectangular box for identifying clinical skills.

Please set three specific goals for the next six months:

Empty rounded rectangular box for setting goals.

Signature _____

Date _____