

# Resident Self Evaluation: Home Visit

Resident's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Child's Age: \_\_\_\_\_

1. Does this family feel that the care they have received from professionals has met their needs and has been family centered?  Yes  No
  
2. Has this family found the health care system to be flexible, accessible, and responsive to their needs?  Yes  No
  
3. What supports and services has the family found most useful?
  
  
  
  
  
  
  
  
  
  
4. Does this family have a collaborative relationship with their pediatrician (if the pediatrician is someone other than the resident)?  Yes  No
  
5. Does this child have a medical home? If yes, who facilitates?  Yes  No
  
  
  
  
  
  
  
  
  
  
6. Are there activities that the family would like to do but feel they cannot because of the child's disability? What?  Yes  No
  
  
  
  
  
  
  
  
  
  
7. Did you gain a sense of the positive aspects of this child's life from the family's perspective?  Yes  No
  
8. Did you gain a sense of the parents' concerns and priorities regarding their child?  Yes  No
  
9. Did you gain a sense of the strengths of this child and this family?  Yes  No
  
10. Did you gain more awareness of family systems issues including milestones, transitions, and lifespan issues?  Yes  No
  
  
  
  
  
  
  
  
  
  
11. Do you understand more about this family's culture, beliefs, and values as they relate to this child's home and community life?  Yes  No

12. Do you understand more about this family's culture, beliefs, and values as they relate to health care and health care practices used by this family?  Yes  No
13. Did you gain a sense of what these parents want from a pediatrician?  Yes  No
14. Were you satisfied with the preparation given for this experience during the Family Centered Care didactic session?  Yes  No
15. Was this visit beneficial to you as a physician?  Yes  No
16. Were you satisfied with the experience and knowledge gained from this visit?  Yes  No
17. Did you have any difficulties during this experience?  Yes  No
18. What might you do differently in your practice as a result of this experience?

Please return this form to  
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