

Name: _____

**Intern Pediatric Orientation
Practice Station - Self Assessment Form for Reviewing Simulation Videos**

Competency	Things you felt you did well	Things you felt you could improve on	Rank what you feel is your strongest (1) through weakest (6) competency
Patient Care (prioritizing, interpreting/managing data, compassionate demeanor)			
Medical Knowledge (recognizing patterns, explaining thought process, demonstrating knowledge)			
Practice-Based Learning and Improvement (teaching others, using evidence to back up decision)			
Interpersonal & Communication Skills (perspective taking, listening, encouraging, explaining)			

Professionalism (integrity/honesty, striving for excellence, accountability, altruism, respect, duty)			
Systems-Based Practice (teamwork, advocacy, cost effectiveness, patient safety)			

What 2 things do you feel you do BEST?

1. _____
2. _____

What 2 things do you feel are most important for you to WORK ON IMPROVING?

1. _____
2. _____

What RESOURCES would be most helpful to you to improve your weaker areas?

PLEASE RETURN DROP THIS FORM IN THE DROP BOX ON YOUR WAY OUT
 If you would like a copy for yourself, ask one of the event coordinators to make one for you.