

# Performance Rating by Preceptor: Participation in a Team Meeting for Specialty Clinic

Preceptor's Name: \_\_\_\_\_

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

Name of Clinic: \_\_\_\_\_

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

## The Resident:

1. Obtained information from family members about their priorities, resources, concerns, and desired outcomes.  Yes  No
2. Provided input about the resources available for children with special health care needs and their families.  Yes  No  NA
3. Gained a sense of the importance of collaboration between the medical team and the family.  Yes  No
4. Understood the role of each person on the team and the process of information sharing among the clinical team.  Yes  No
5. Respected diversity of opinions among other professionals.  Yes  No
6. Demonstrated appropriate professional behavior.  Yes  No
7. Actively listened.  Yes  No
8. Communicated clearly, avoided using jargon when speaking with the family about the child's health care needs.  Yes  No
9. Displayed competence when working with the child, family, and/or team.  Yes  No
10. Appeared well prepared for this clinic visit.  Yes  No
11. Did the resident arrive/depart at the scheduled time?  
If no, please explain.  Yes  No

## The Visit:

12. Were you satisfied with the format of this clinic visit for the Children with Disabilities Rotation?  Yes  No

13. Did you have any difficulties with this experience?  
If yes, please describe.

Yes  No

14. Would you be willing to host another resident?

Yes  No

Please return this form to:  
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