

Resident Self Evaluation: Interview a Family About Experiences with Various Disciplines and Team Process

Resident's Name: _____

Family's Name: _____

Date of Visit: _____

Primary Diagnosis (if applicable):

1. What professionals make up the "core team" for this family?
(check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> PT | <input type="checkbox"/> Specialist: |
| <input type="checkbox"/> OT | _____ |
| <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> SW |
| <input type="checkbox"/> Nurse | |

2. What type of team works with this family? (circle one)

Interdisciplinary Multidisciplinary

Transdisciplinary

3. Have the professionals engaged in aspects of role release?
If yes, please give an example.

Yes No

4. Did you gain an understanding of how role release can reduce the amount of stress for families with children with disabilities?

Yes No NA

5. Do the family members feel that the professionals communicate well with each other?

Yes No

6. Did you gain an understanding of effective strategies for communication among professionals and family members?

Yes No

7. Does the team of service professionals work collaboratively with the family to decide on meetings and service delivery schedules?

Yes No

8. Does the family feel that they are equal partners in the decision making process?

Yes No

9. Did you learn new ways to involve family members as partners in decision making and problem solving?

Yes No

10. Is the pediatrician involved with this team?
If yes, how?

Yes No

11. Did you discover ways in which a pediatrician may be helpful to children and families? Yes No
12. Did you gain an understanding of the impact professionals can have on families? Yes No
13. Did you gain a better understanding of the type of relationship parents would like to have with professionals? Yes No
14. Were you satisfied with the preparation you were given for this experience during the Team Based Service Models 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. What might you do differently in your practice as a result of this experience?
18. Did you have any difficulties during this experience? Yes No
If yes, please describe.

Please return this form to:
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