

# Resident Self Evaluation: NICU Follow-Up Clinic Visit

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

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

Contact Person: \_\_\_\_\_

1. Was this visit an initial or follow up visit?  Initial  Follow-Up
2. List two of the family's *strengths* and *resources*:
  
3. What is the family's top *priority* regarding the care of the child?
  
4. Were they able to share this with the medical team?  Yes  No
5. Did the transition from the NICU to the home go smoothly?  
Please explain.  Yes  No
6. Is this child receiving Birth to Three services?  
If yes, what services?  Yes  No
  
- If yes, do they occur in a natural environment?  Yes  No
7. What other type of services (medical, social, educational) are the child and family receiving?
  
8. Do the parents feel that the child services are well-coordinated?  Yes  No
9. Does the child's medical needs affect his or her ability to participate fully in home, school or community activities? If yes, what adaptations are in place to allow the child to participate?  Yes  No

10. Does this child have a medical home?  Yes  No  
If yes, which type of practitioner facilitates the medical home model? (pediatrician, family practitioner, sub-specialist, etc)
11. Is this family dealing with any specific lifespan issues?  Yes  No  
For example, are there any transitions occurring at this time?  
If yes, explain.
12. Did this visit enhance your understanding of the family's perspective of a clinic experience?  Yes  No
13. Did this visit enhance your understanding of the process of information sharing and collaboration between the clinical team and the family?  Yes  No
14. Did you see examples of the clinic team working with the family to integrate medical, educational, and social services for this child?  Yes  No
15. Did you feel satisfied with this visit?  Yes  No
16. Were you satisfied with this preparation for this clinic experience given during the Early Intervention didactic session?  Yes  No
17. Was this visit beneficial to you as a physician?  Yes  No
18. Were you satisfied with the experience and knowledge gained from this visit?  Yes  No
19. Did you have any difficulties during this experience?  Yes  No
20. In your debriefing with the preceptor, or NICU Follow-up Clinic team, what issues were discussed?
21. What might you do differently in your practice as a result of this experience?

Please return this form to  
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