Personal Awareness and Self-Care

Medical Resident/Oncology Fellow Competency Assessment Tool
Palliative Care Domain: Psychosocial/Cultural/Spiritual Aspects of Care; Hospice Care and Referrals

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Introduction for the Learner (Resident/Fellow)

Prior to your evaluation of competency

- Complete the web-based palliative care training program “Medical Resident Training in End-of-Life and Palliative Care” before you undergo this competency assessment. The training program is available on the UMMS Intranet, click on Physicians. The course is listed under “Helpful Links.” It is also available via the internet at http://134.192.120.12/canRes/htdocs/login.asp
  - Review Part 1 (Learning Objectives), Part 2 (Teaching Outline) and Part 3 (Evaluation Checklist) of this document THOROUGHLY so that you are aware of what is required of you.
- Review Unit IV Module 2 (Personal Awareness and Self-Care) of the Web-based palliative care training program.
- Ascertain that the attending/faculty member is certified to conduct the Palliative Care Competency Evaluation.

Field evaluation of competency

- During the course of a clinical rotation, it is anticipated that you will have opportunities to demonstrate your competency in discussing Withdrawal of Life-Sustaining Medical Treatment/Personal awareness and Self-Care.
- Identify a faculty member to evaluate your competency – current service attending recommended, if s/he is certified to conduct evaluation.
- ASK FACULTY MEMBER TO REVIEW THIS COMPETENCY ASSESSMENT TOOL PRIOR TO YOUR PERFORMING THIS TASK.
- Faculty completes Evaluation Checklist (Part 3) and shares with you.
- You will also complete the self-evaluation portion of the Evaluation Checklist as a measure of competency in practice based learning.
- Evaluation Checklist must be signed by the Clinical Faculty Evaluator/attending and you (Resident/Fellow).
- Return Evaluation Checklist to Dr. Susan Wolfsthal, Internal Medicine Residency Director or Dr. Heather Mannuel, Medical Oncology Fellowship Director.

Introduction for the Clinical Faculty Evaluator

How to perform this competency assessment

A Medical Resident or Oncology Fellow has requested that you assess their competency in a selected palliative care domain during the time you are the Clinical Faculty Evaluator/attending physician on this service. To assist you with this evaluation, please do the following.

Preparing for field evaluation of competency

- Review this Competency Assessment Tool thoroughly including the Learning Objectives (Part 1), Teaching Outline (Part 2) and Evaluation Checklist (Part 3) prior to pre-discussion counseling with Resident (required).
- Review Unit IV Module 2 (Personal Awareness and Self-Care) of the Web-based palliative care training program, “Medical Residents Training in End-of-Life and Palliative Care.” The training program is available on the UMMS Intranet, click on Physicians. The course is listed under “Helpful Links.” It is also available via the internet at http://134.192.120.12/canRes/htdocs/login.asp (optional).

Format of competency evaluation

- This competency assessment is a bit different from the other competency assessments available, since it does not involve direct patient-physician/learner interaction per se. Instead, the competency assessment will involve having a discussion with the learner (Resident/Fellow), following the guidelines (Evaluation Exercise) set forth in the Teaching Outline of this document, then rating them on their meeting the Learning Objectives in Part 3 of this document.
- A Resident or Fellow should ask you to make this competency evaluation early during their rotation with you as the attending.
- Sometime during the rotation (recommend middle to end), take 30-40 minutes to discuss the “Evaluation Exercise” with the learner (found in the Teaching Outline of this document). Consider discussing the Evaluation Exercise over lunch as a time-efficient way to accomplish this task.

Complete Evaluation Checklist (Part 3 of this document)

- Share with Resident/Fellow; allow Resident/Fellow to make his/her own self-assessment of competency performance
- Clinical Faculty Evaluator/attending and Resident/Fellow must sign this Evaluation Checklist (Part 3)
- Resident/Fellow is responsible for returning Evaluation Checklist to Dr. Wolfsthal (Residents) or Dr. Mannuel (Fellows)
### Part 1: Learning Objectives

Note to learner and Clinical Faculty Evaluator: The Learning Objectives are listed in terms of fulfilling the six ACGME core competencies, listed below; these are reflected in Evaluation Checklist in Part 3 of this document.

LEGEND to ACGME core competencies: [http://www.acgme.org/Outcome](http://www.acgme.org/Outcome)

<table>
<thead>
<tr>
<th>OBJECTIVES – A competent Medical Resident or Oncology Fellow will be able to:</th>
<th>ACGME Competencies</th>
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<tbody>
<tr>
<td>Assume responsibility for their own personal awareness and self-care while caring for dying patients and their families.</td>
<td>PC</td>
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<tr>
<td>Be accountable for personal care in preventing burnout.</td>
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<tr>
<td>Explain how past professional and personal experiences influence one’s work with patients.</td>
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<td>Describe the basic steps in self-reflection.</td>
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<td>Describe strategies to avoid burnout.</td>
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<tr>
<td>Practice self-reflection in the context of working with patients.</td>
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<tr>
<td>Practice mutual support with other medical practitioners/team members in the context of working with patients.</td>
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**LEGEND:**
- **PC** – Patient Care
- **MK** – Medical Knowledge
- **PBL&I** – Practice-Based Learning and Improvement
- **IPCS** – Interpersonal and Communication Skills
- **P** – Professionalism
- **SBP** – Systems-Based Practice

Part 2: Teaching Outline for Learner and Clinical Faculty Evaluator

- Recommend reviewing Unit IV Module 2 (Personal Awareness and Self-Care) of “Medical Residents Training in End-of-Life and Palliative Care.” The training program is available on the UMMS Intranet, click on Physicians. The course is listed under “Helpful Links.” It is also available via the internet at http://134.192.120.12/canRes/htdocs/login.asp

Humanizing Palliative Care for the Patient and Physician

Caring for dying patients and their families presents unique personal and professional challenges to the physician. In providing this care, the physician confronts his or her own mortality through the patient’s. The physician also confronts the inevitability of their own personal losses through the loss experienced by the patient’s family. In addition, many physicians have experienced a patient’s death that is, for one reason or another, professionally difficult – e.g., making the death declaration for a patient one has never met before; facing the unexpected tragic death of a child or young person; caring for a patient who dies following a medical mistake; caring for a patient who dies following a tragic accident or assault. Standing with a patient and family as they confront death requires courage. Sustaining this courage over time requires personal awareness and attention to self-care.

Barriers to Effective Care of Dying Patients

The need to improve palliative care is now well accepted by the health professions. In spite of this acceptance, medical practice continues to lag behind. What are some of the barriers that physicians and other health care providers encounter? Here is our list. As an exercise, you might consider generating your own list before viewing our list. Try to think beyond the more obvious training issues such as lack of knowledge and clinical skills…

1. Opening Pandora’s box
   - Lack of knowledge and skill in caring for the dying.
   - Lack of confidence - What can I offer?
   - Lack of professional support - Modern medicine focuses on cure, but has not valued palliative care.

2. Past experience – Too close for comfort?
   - Negative, inactivating experiences with death and dying
   - Positive, enhancing and enriching experiences with death and dying that were not affirmed and supported by peers.

3. Fear of patient and family emotions
   - Anger
   - Depression
   - Anxiety
   - Sadness
   - Grief

4. Burn-out
   - Emotional burn-out
   - Substance abuse

5. Spiritual challenge

- Dealing with dying patients can force one to confront the big spiritual questions - From whence did I come? Why am I here? Where do I go?

Personal Awareness

What is personal awareness? Personal awareness involves insight into how one’s sensations, emotional life, past experiences, thoughts, beliefs, attitudes and values influence our life experience, including our interactions with patients, families and other professionals (Novack, et al., 1977). Epstein (1999) talks about “mindful practice.” “The goals of mindful practice are to become more aware of one’s own mental processes, listen more attentively, become flexible, and recognize bias and judgments, and thereby act with principles and compassion. Mindful practice involves a sense of “unfinishedness,” curiosity about the unknown and humiliation, having an imperfect understanding of another’s suffering” (p. 835). Personal awareness includes 3 components: awareness of self, awareness of others, and awareness of the environment.

1. Awareness of self – Your sensations, emotions, thoughts, beliefs, attitudes and values
   - What do I believe?
     - Are people good and trustworthy?
     - Is my role as a physician a calling or a job?
     - What are my cultural roots - ethnicity, gender, religion?
     - What are my spiritual and religious beliefs - Beliefs about death, Beliefs about suffering, Beliefs about what gives life meaning?
   - Your experiences:
     - How did my family deal with death, emotion, and conflict?
     - “How have my personal experiences with loss and grief affected, enhanced, or limited my abilities to work with dying patients? What are my own attitudes and fears of death and vulnerability, and how do they affect my patient care? If I were dying, what would I want and need from my physician?” (Novack, 1997)
   - Your emotional life:
     - Affiliation: love, caring, attraction
       - What patients elicit feelings of caring? How do I usually respond to my own feelings of caring?
       - What patients elicit feelings of physical attraction? How do I usually respond to my own feelings of attraction?
     - How do I establish appropriate boundaries?
     - Anger and conflict
       - “What sorts of patients elicit an angry reaction in me? What work situations usually make me angry and why? What are my usual responses to my own anger and the anger of others (e.g., do I overreact, placate, blame others, suppress my feelings, become super reasonable’’? What are the underlying feelings when I become angry (e.g., feeling rejected, humiliated, and unworthy)? Where did I
learn my responses to anger?” (Novack, 1997)
- How do I establish appropriate boundaries?

2. Awareness of the other, your patient – Their sensations, emotions, thoughts, beliefs, attitudes and values

- Awareness of the patient’s illness experience (Stewart, et al., 1995). The distinction between disease and illness reminds us that our medical understanding of a pathological process is different from the individual patient’s understanding and experience of illness: Disease refers to a biological and pathophysiological understanding of the pathological process while illness refers to the patient’s experience of the process. The acronym FIFE guides us through an assessment of the patient’s experience of illness:
  - F = Feelings, especially specific fears and hopes. “Do you have any specific fears or concerns that I should know about? What hopes do you have?”
  - I = Ideas about what is going on. “What do you think this pain means?”
  - F = Function: Impact upon functioning. “How is your illness affecting daily activities? Are there things you want to do that you can not do?”
  - E = Expectations. What are your expectations...of the disease process; of your self; of others; of care-takers; of your physicians; of me?

- Awareness of the patient as a whole person in the context of family and community (Stewart, et al, 1995)
  - Where is the patient in the cycle of life (childhood, adolescence, young adulthood, parenthood, older adults, dementia)?
  - What has been important to them—career, family, service in the community, etc?
  - What are the person’s spiritual beliefs and resources?
  - Does the patient have unfinished personal business?
  - Who are the family and friends? What role have they played in the past, and what role are they playing now?
  - Where does the patient live? What are their physical surroundings like? Do the physical surroundings meet the patient’s needs now? Will this change as illness progresses?
  - Does the patient belong to a religious community or other community organizations?

3. Awareness of the environment

- What is the local professional environment regarding palliative care? What are my colleagues’ attitudes? What is the local skill level? In what ways will my work be supported or undermined?
- Are there clinical systems in place to support my palliative care work? Does my hospital and clinic have resources for pain and symptom management? Are nurses well trained in palliative care? Do the quality assurance mechanisms include palliative care outcomes?

The Pathway to Personal Awareness Through Self-Reflection

Effective self-awareness requires a specific set of psychological and social skills that involve reflection upon one’s own thoughts and feelings, awareness of others’ thoughts and feelings, and the practice of acceptance and curiosity. The specific skills or tasks involved in self-reflection are described below.

1. Self-awareness of sensations, emotions, thoughts, and actions: Recognize and maintain awareness of your own sensations, emotions, thoughts, and actions when working with patients. One’s sensations, thoughts and feelings are often quite automatic. The interconnections between one’s sensations, thoughts, feelings and actions often go unnoticed.

2. Self-acceptance:
  - Accept your emotions, sensations and thoughts openly, without judgment. These emotions, sensations and thoughts are a natural part of your response to the world.
  - Accept ownership of your emotions, sensations and thoughts. These arise from your self; they are a part of you. They are not caused by anyone else. You alone are the source of your thoughts, sensations, and feelings.

3. Other-awareness: Recognize and identify the emotions, sensations and thoughts of your patients.

4. Other-acceptance: accept the patient’s emotions and thoughts openly, without judgments. These emotions and thoughts are a natural part of their response to the world.

5. Increase understanding by identifying cognitive and emotional schemas:
  - Personal schemas: By studying your automatic sensations, emotions and cognitions over time you can become aware of patterns — in what doctor/patient scenarios do you tend to feel angry? Happy? Depressed? Satisfied? Frustrated? Identifying personal schemas involves a process of sustained self-observation, curiosity and hypothesis testing.
  - Other schemas: By studying another’s emotional and cognitive responses over time you will become aware of patterns in their responses. In what scenarios do they tend to feel angry? Happy? Frustrated? Demoralized? Identifying another person’s schemas also involves a process of sustained observation, curiosity and hypothesis testing.

6. Increase understanding by identifying patterns of interaction over time: You do not live in isolation. You are always interacting with others. Your sensations, emotions, cognition and behaviors influence others, while the emotions, cognition and behaviors of others influence you. This process is constant and mutually reciprocal. You are linked with others in a constantly changing, dynamic web of interactions. The highest level of personal awareness involves awareness of your engagement in this web of interactions. How do your emotions, cognition and behaviors influence those around you? How do their emotions, cognition and behaviors influence you? What patterns of interaction play out over time with a specific patient? As you explore interactions over time you will be challenged to move from awareness to acceptance to understanding.
Three Pathways to Self-Care

1. Balance personal and professional life
   - What are my goals for work, play, family, community and personal development?
   - Am I achieving my goals in each domain? Where am I falling short, can I accept responsibility for the choices I am making or do I feel like a victim? Can I move from a victim stance and instead set proactive goals?
   - “What would be an ideal distribution of time between work, play, family, and personal growth and development? What are the barriers to achieving balance in my life? In what ways could my assumptions and beliefs be a barrier to change? In what ways is the current imbalance benefiting me and would I be willing to give that up?” (Novack, 1997)

2. Lead a healthy lifestyle
   - Diet-Exercise-Sleep
   - Fun-Social support
   - Meaning-Diverse goals-Optimism

3. Prevent burnout
   - Stress occurs when there is a mismatch between the resources a person has available and the demands the person is facing. This includes internal psychological resources and demands, and external social and environmental resources and demands. Burnout results from chronic stress.

Know and Recognize the Signs and Symptoms of Burnout

- Emotional exhaustion: demoralization, irritability, withdrawal, depression, drug and alcohol abuse, marital conflict, family problems.
- Depersonalization: Feeling emotionally separated and numb, cynicism, erosion of empathy, hostility, control and manipulation of others.
- Perceived professional inadequacy: loss of control, dissatisfaction with gains.
- Substance abuse: Use and abuse of controlled substances, illegal drugs, alcohol.
- Social isolation and withdrawal: Backing away from colleagues or family; immersing oneself in work to the exclusion of family and colleagues.

Factors that Increase Risk of Burnout

1. Irrational beliefs that promote excessive responsibility and place one at risk for burnout.
   - Limitation in knowledge is a personal failing.
   - Responsibility is to be borne by physicians alone.
   - Altruistic devotion to work and denial of self is desirable.
   - It is “professional” to keep one’s uncertainties and emotions to oneself.

2. Tragic clinical situations.
   - An untimely death: child; young adult; unexpected death; death before an important event can occur.
   - A patient suffering in spite of my best interventions.

3. Physician mistakes
   - “What was the nature of my mistake? What are my beliefs about the mistake? What emotions did I experience in the aftermath of the mistake? How did I cope with the mistake? What changes did I make in my practice as a result of the mistake?” (Levinson & Dunn, 1989)

4. Abuse
   - Recognize abusive situations — Harassment and abuse based upon gender, race, ethnicity, religion, sexual preference or other factors is a significant source of distress and burnout in medical settings.

The Texas Medical Association’s CME course, “Coping with Stress in the Practice of Medicine,” points out the following:

- Physicians do not easily ask for help. However, mechanisms are in place to aid physicians in receiving professional help.
- If you are not able to manage your stress/burnout yourself, it is appropriate to seek professional consultation and/or assistance from campus Employee Assistance Program (410-328-5860).
- With appropriate intervention and professional help, physicians can, and do, recover and practice medicine safely.
- Remember that you do have a choice about burnout.
- You can actively choose to do things differently and take care of yourself.
- You can choose to put it off until it catches up with you (the “I’ll take care of myself when” game).
- You can ignore your needs and the stress will eventually lead to burnout. It is your choice!

It is important to take regular inventory of your stressors and initiate appropriate action to avoid burnout. It is an ethical dilemma to balance your own life with the demands of the profession.

Begin Developing Your “Wellness Plan” by taking an inventory of your stress.

Take the following burnout self-assessment exam to assess your own personal stress level.
### Stress Self-Assessment Exam

Choose the most appropriate answer score for each of the following ten statements.

- Almost always – enter 4 points
- Often – enter 3 points
- Seldom – enter 2 points
- Almost never – enter 1 point

How often do you ...  
1. find yourself with insufficient time to do things you really enjoy? 
2. wish you had more support/assistance? 
3. lack sufficient time to complete your work most effectively? 
4. have difficulty falling asleep because you have too much on your mind? 
5. feel people simply expect too much from you? 
6. feel overwhelmed? 
7. find yourself becoming forgetful or indecisive because you have too much on your mind? 
8. consider yourself to be in a high-pressure situation? 
9. feel you have too much responsibility for one person? 
10. feel exhausted at the end of the day? 

Add the scores of statements 1-10: Total = _____

Your total number of points on this exercise will help you assess how stressed you are by overload. A total of 25-40 points indicates a high stress level, one that could be psychologically and physiologically debilitating. You may want to consider seeking out assistance to avoid burnout. (Girdin, D.A., Everly, G.S. and Dusek, D.E., *Controlling Stress and Tension*, Allyn and Bacon, Needham Heights, MA, 1996)

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### Strategies for Encouraging Personal Reflection

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<tr>
<th>Strategy</th>
<th>Tactic</th>
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<tbody>
<tr>
<td>Incorporate self-reflection into each case presentation.</td>
<td>Ask Residents to comment on the doctor-patient relationship each time they present a case.</td>
</tr>
<tr>
<td>Faculty model self-reflection when working with Residents.</td>
<td>Share your own emotional reactions. Reflect aloud with the treatment team about what was satisfying for you. What was emotionally challenging. What you might do next time to be more effective. What you have learned from working with this patient and what has been</td>
</tr>
<tr>
<td>Pose questions that prompt self-reflection when staffing palliative care patients with Residents.</td>
<td>What is most challenging about working with this patient and family? What is most satisfying about working with this patient and family? How are you reacting emotionally to this patient? In what ways are you showing those feelings? How did the patient benefit from working with you? How did the family benefit from working with you? Have your past experiences in any way enhanced or hindered your work with this patient and family? What gives this patient a sense of meaning and purpose? Based upon your work with this patient, what have you learned about yourself and about your strengths and weaknesses? What are your learning goals for the future?</td>
</tr>
<tr>
<td>Create regular residency meetings to discuss the doctor-patient relationship</td>
<td>Offer a Resident support group 2-4 times per month</td>
</tr>
<tr>
<td>Assign structured self-reflection during a palliative care rotation.</td>
<td>Read and discuss stories or novels that deal with death and dying. Keep a written journal.</td>
</tr>
</tbody>
</table>

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**References**


Centers for Professional Well Being – www.cpwb.org

Coping with stress in the practice of medicine. An Educational Teaching Program prepared for the Internet by the Texas Medical Association Committee on Physician Health and Rehabilitation. Available at http://www.texmed.org/Template.aspx?id=4460
Evaluation Exercise

The faculty/evaluator and learner (Resident or Fellow) should sit down and discuss the following questions over a period of 30 minutes to one hour. We suggest doing this in a quiet area, during lunch – bon appetite!

1. How can a physician assume responsibility for their own personal awareness and self-care while caring for dying patients and their families?
2. How can a physician be accountable for their own personal care in preventing burnout List ways.
3. How can past professional and personal experiences influence one’s work with patients?
4. Can you describe the basic steps in self-reflection?
5. Can you list and identify the signs and symptoms of burnout?
6. Can you describe and discuss strategies to avoid burnout?
7. Can you formulate your own wellness plan?
8. How would you practice self-reflection in the context of working with patients?
9. How can you practice mutual support with other medical practitioners/team members in the context of working with patients?

Grace S. Say goodbye to burnout. iPractice. Available at: https://www.ipractice.com/wps/portal/Articles?WCM_GLOBAL_CONTEXT=iPractice+wcm+library/iPracticePortal/Articles/Career-Articles/Lifestyles_Say_Goodbye_to_Burnout?pageDesign=PT
Levinson, W, Dunn, PM. Coping with fallibility. JAMA. 1989;261:2252
Physician burnout: A preventive solution 2/10/09. Available at www.livingmindfullytoday.com

Web Sites
www.balancedphysician.com
www.theresilientphysician.com
www.mindtools.com – burnout self tests
**Personal Awareness and Self-Care**

**Part 3: Evaluation Checklist**

<table>
<thead>
<tr>
<th>Learner name:</th>
<th>Evaluator/Attending:</th>
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<tbody>
<tr>
<td>[ ] Resident PGY Level: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5</td>
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<td>[ ] Fellowship Year: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5</td>
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<tr>
<td>Rotation Site: [ ] Inpatient Cancer Center [ ] Inpatient GIM [ ] Oncology Clinic [ ] Continuity GIM clinic [ ] Other</td>
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</table>

Please rate the trainee's competency/skills/knowledge/attitude using the following scales:

<table>
<thead>
<tr>
<th>For competency/skills</th>
<th>For knowledge and attitudes (e.g. Medical Knowledge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Competent to perform independently</td>
<td>4 = Superior</td>
</tr>
<tr>
<td>3 = Competent to perform with minimal supervision</td>
<td>3 = Satisfactory</td>
</tr>
<tr>
<td>2 = Competent to perform with close supervision / coaching</td>
<td>2 = Below average</td>
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<tr>
<td>1 = Needs further basic instruction</td>
<td>1 = Insufficient – needs further learning</td>
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<tr>
<td>n/o = not observed</td>
<td>n/o = not observed</td>
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**OBJECTIVES**

**Professionalism**

- Assumed responsibility for personal awareness and self-care in caring for dying patients and their families.
- Accountable for personal care in preventing burnout.
- Explained how past professional and personal experiences influence one’s work with patients.
- Described the basic steps in self-reflection.
- Identified the signs and symptoms of burnout.
- Described strategies to avoid burnout.
- Practiced self-reflection in the context of working with patients.

**Overall Performance:**

<table>
<thead>
<tr>
<th>Cannot Evaluate</th>
<th>1 to 3 Unsatisfactory</th>
<th>4 to 6 Satisfactory</th>
<th>7 to 9 Superior</th>
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**Systems Based Practice**

- Practiced mutual support with other medical practitioners/team members in the context of working with patients.

**Overall Performance:**

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**Resident/Fellow strengths:**
### Resident/Fellow areas for improvement:

<table>
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### Overall impression: Did the Resident/Fellow demonstrate competency in a manner so as to do no harm?

- **Resident/Fellow self-evaluation of performance:** May comment on any of the above checklist items or other reflections on performance; perceived strengths, and need for improvement and learning.