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**PODIATRY CONTINUING COMPETENCY REFLECTIVE SELF-ASSESSMENT TOOL**

Rate yourself on each of the statements below which describe professional behaviours and practices. The following statements were designed for a variety of podiatrist practice settings and specialties; therefore, not all of the items may be relevant to your practice. If this is the case, please mark that item as “Unable to Assess.” It maybe that you wish to expand on these statements by suppling evidence of participation in reliavent study days or courses, orn by self reflection.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE FOR EACH STATEMENT.** | **STRONGLY AGREE** | | **AGREE** | | **NEUTRAL** | | **DISAGREE** | | **STRONGLY DISAGREE** | | **UNABLE TO ASSESS** | |
| **PODIATRIST & PATIENT RELATIONSHIP** | | | | | | | | | | | | | |
| 1 .I effectively manages patients with complex problems. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 2. I ensure the patient understands my explanations. I answer questions in words and terms that my patient understands. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 3. I explain the methods and plan for evaluating the patient's condition and the patient's role in that plan. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 4. I consider the patient's cultural, family and/or financial issues when tests, visits or consultations are planned. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 5. I view my patients as a partner in making healthcare decisions and ensure they understand the need for the tests, visits or consultations | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 6. I communicate effectively with patients. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 7. I recognise non-verbal cues, which alert me to my patient's comfort level with the procedure. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 8. I seek feedback from the patient to assess his or her level of understanding of the information provided. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 9. I show a genuine interest in my patient's problems. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 10. I speak clearly (at an appropriate rate and modulate my tone of voice according to each patient’s needs). | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| **DOCUMENTATION** | | | | | | | | | | | | | |
| 11. My note documentation is concise yet thorough and easy to read. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 12. I document information accurately in the medical records. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| 13. I document information in the medical records in a timely manner. | | 1 | 2 | | 3 | | 4 | | 5 | | 6 | |
| **PROFESSIONAL MANAGEMENT & ACTIVITIES** | |
| 14. I assume appropriate responsibility for patients. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 15. I maintain appropriate ethical professional boundaries with patients. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 16. I maintain the confidentiality of patients. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| **TEAMWORK** | |
| 17. I advise referring Source if referral request is outside the scope of his/her practice. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 18 .I collaborate with medical colleagues on difficult cases. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 19 .I coordinate care effectively for patients with other health care professionals. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 20. I provide a clear understanding about who is responsible for continuing care of patient. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 21. I provide reports to my patients other health care professionals when appropriate. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| **PROFESSIONAL DEVELOPMENT** | |
| 22. I am involved with professional development. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 23. I evaluate the effectiveness of continuing educational programs I attend. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 24. I implement an education plan to manage my shortcomings. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 25. I know the limits of my knowledge. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 26. I review research literature and assess what it means for my practice. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| **TECHNICAL SKILL** | |
| 27. I critically assess diagnostic information. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 28. I critically evaluate the medical literature to optimise clinical decision making. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 29. I have the knowledge I need to assess the needs of my patients. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 30. I have the skills I need to meet the needs of my patients. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 31. I take appropriate action at all times to minimise the risk of cross infection. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 32. Within the range of services provided by me, I demonstrate appropriate judgment. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |
| 33. Within the range of services provided by me, I perform technical procedures skilfully. | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | |

CONTINUING THE PROCESS

Take some time to reflect on your self-evaluation: review how you answered the assessment and questions. Upon reflection of your professional behaviours and skills, identify areas for improvement or areas of interest and learning opportunities. Use this to plan your coming years learning plan and log your learning activities based upon your Reflective Self-Assessment.

If you have any areas of concern related to the outcomes of this reflection tool please discuss with your manager or professional leader so that steps can be taken to remedy/ mitigate your concerns.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Retain this page for your records. In the event of an audit, you could submit this attestation page as documentation of your compliance with the Reflective Self-Assessment which is part of a Continuing Competency Program.*