

TEAM: Children and Youth with Special Health Care Needs Education Program
Children's Hospital of Wisconsin, Medical College of Wisconsin & Special Needs Family Center

TEAM: PL-3 Evaluation

Please answer questions 1-9 of the Pre-Evaluation before your Special Health Care Needs Experience. Complete the remaining questions by the day of your final presentation. They will be collected at that time with your daily journal.

| | | | |
|-------------------------------------|---------|------------|---------------------|
| Scale Definition: 1= Strongly Agree | 2=Agree | 3=Disagree | 4=Strongly Disagree |
|-------------------------------------|---------|------------|---------------------|

| Comfort and Competency Before the Rotation (Questions 1-9) | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I know what a Child with Special Health Care Needs (CSHCN) is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I know what a medical home is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I know how a CSHCN impacts the family and community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I know how to assess the functional needs of a CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I know how to assist the family and community to care for a CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I know how to set up a medical home for CSHCN in my practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am comfortable caring for CSHCN and their families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am comfortable working with community providers for CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am comfortable advocating for CSHCN and their families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Comfort and Competency after the Rotation (Questions 9-16) | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. I know what a child with special health care needs (CSHCN) is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I know what a medical home is. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I know how a CSHCN impacts the family and community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I know how to assess the functional needs of a CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I know how to assist the family and community look after a CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I know how to set up a medical home for CSHCN in my practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I am comfortable caring for CSHCN and their families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I am comfortable working with community providers for CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I am comfortable advocating for CSHCN and their families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Assessment of the Rotation (Questions 17-20) | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. The rotation is relevant to my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. This rotation provided me with insight into caring for CSHCN. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. This rotation repeats matters learned elsewhere during residency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. This rotation will change the way that I work with CSHCN and their families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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If the rotation will change how you care for CSHCN their families, please describe.

What were the most/least helpful aspects of the rotation.

Additional Comments: