**UNIVERSITY HEALTH NETWORK/ McGILL UNIVERSITY HEALTH CENTRE HIV ADVANCED (YEAR 2) RESIDENCY PROGRAM**

**PRECEPTOR SELF-REFLECTION FORM**

Preceptor:

Rotation date:

Resident name:

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| --- |
| **Strengths / Things you did well during this rotation:** |
| 1. |
| 2. |
| 3. |
| Areas for Development or Growth (Include specific skills that you think training in that area would assist you for future rotations) |
| 1. |
| 2. |
| 3. |

**Reflection Note:**

Describe a teaching/preceptor experience during the rotation that has left an impressionable memory for you. Explain why it was memorable? What you learned? What went well? What might you do differently next time? How will this experience influence your future teaching/preceptorship?

Preceptor Signature:

Reviewed by Residency Coordinator:

Please keep one copy in personal learning portfolio and provide one copy to residency coordinator.

(modified from resident self reflection form November 2010/kc)

Last updated: May 2019