

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

RESIDENT QUARTERLY SELF-REFLECTION FORM

Resident: _____

Quarter 1 __ Quarter 2 __ Quarter 3 __ Quarter 4 __

Period (dates): _____

The quarterly self-reflection form is to be completed by the resident every 3 months and submitted to the residency coordinators by e-mail. The coordinators will review the form and return comments or discuss with the resident as needed. The quarterly self-reflection form may also be shared with the residency advisory committee. The quarterly reports will also be discussed at the midpoint and end of year meetings with the resident and the coordinators.

*If describing patient cases, all information must be denominalized.

Rotations completed during this quarter	
1.	
2.	
3.	
Other activities	Status (initiated, ongoing, completed)

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Indicate your top 3 *professional*-related goals / areas for growth or improvement for the coming quarter (i.e., please refer to your prior learning assessment form and/or last quarterly self-reflection form for the latest version of these goals). **For each, what is your action plan to achieve this goal?**

1.

2.

3.

Indicate your top 3 *personal*-related areas for growth or improvement for the coming quarter (i.e., please refer to your prior learning assessment form and/or last quarterly self-reflection form for the latest version of your personal learning plan). **For each, what is your action plan to achieve this goal?**

1.

2.

3.

Describe a rewarding direct patient care experience you had during this quarter. (for example: physician/allied health encounter, patient/caregiver encounter, detailed drug information response/pharmaceutical care plan, participation with team rounds, safety concern, mistake).

Reflect on the experience and explain why it was memorable? What you learned? What went well? What might you do differently next time? How will this experience influence your practice?

HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

Describe a challenging direct patient care or interprofessional experience you had during this quarter. Explain why it was challenging and how you could do things differently in the future to improve the outcomes.

	Signature	Date
Resident		
Coordinator		
Coordinator		

Last updated: June 17th, 2020
Adapted from University Health Network Year 1 general residency “Resident Quarterly Self-Reflection Form”