

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

PRECEPTOR SELF-REFLECTION FORM

Preceptor: _____ Rotation: _____
Rotation(s) date: _____ Resident name: _____

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 2023