



HIV ADVANCED (YEAR 2) PHARMACY RESIDENCY

RESIDENT SELF-REFLECTION FORM

Resident: _____

1 ___ #2 ___ #3 ___

Period (dates): _____

The self-reflection form is to be completed by the resident 3 times per year (1 week prior to each RAC meeting) and submitted to the residency coordinators. The coordinators will review the form and return comments or discuss with the resident as needed. The self-reflection form may be shared with the Residency Advisory Committee, and will also be reviewed at the midpoint and end of year meetings with the resident and the coordinators/directors.

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

| Rotations completed during this period | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| Other activities | Status (initiated, ongoing, completed) |
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| <p>Indicate your top 3 <i>professional</i>-related goals / areas for growth or improvement for the coming period (i.e., please refer to your prior learning assessment form and/or last self-reflection form for the latest version of these goals). For each, what is your action plan to achieve this goal?</p> |
| 1. |
| 2. |
| 3. |
| <p>Indicate your top 3 <i>personal</i>-related areas for growth or improvement for the coming period (i.e., please refer to your prior learning assessment form and/or last self-reflection form for the latest version of your personal learning plan). For each, what is your action plan to achieve this goal?</p> |
| 1. |
| 2. |
| 3. |

| |
|---|
| <p>Describe a rewarding direct patient care experience you had during this period. (for example: physician/allied health encounter, patient/caregiver encounter, detailed drug information response/pharmaceutical care plan, participation with team rounds, safety concern, mistake).</p> <p>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?</p> |
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| <p>Describe a challenging direct patient care or interprofessional experience you had during this period. Explain why it was challenging and how you could do things differently in the future to improve the outcomes.</p> |
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| | Signature | Date |
|--------------------|-----------|------|
| Resident | | |
| Coordinator | | |
| Coordinator | | |

Last updated: May 31, 2023.
Adapted from University Health Network Year 1 general residency “Resident Quarterly Self-Reflection Form”