PRE-RESIDENCY SELF-ASSESSMENT

Name: ___________________________ Date: ________________________________

Please answer the following in a narrative form (and upload into Phorcas):

1. State your career goals, both short term (5 years) and long term (10-15 years).

2. Describe your current practice interests.

3. What are your strengths? This should include clinical as well as personal strengths.

4. List areas of weakness that you would like to improve during the residency.

5. Describe prior activities/projects/experiences that have contributed to your skills in the following areas:
   a. Written communication
   b. Verbal communication
   c. Public speaking
   d. Teaching/Training
   e. Time management
   f. Supervisory skills
   g. Computer user skills

6. What areas of residency training would you like to concentrate on during the program? (List in order of importance)

7. Identify three (3) goals that you wish to achieve during your residency.

8. What is your idea of a personal strategy for life-long continuing education?

9. What role will professional organizations have in your career?

10. Please describe an ethical challenge you have faced and how you handled it.

Note: This information will allow the Program Director to complete a residency plan individualized to your needs.