

Yale Internal Medicine Ambulatory Curriculum

PGY Level: _____

NET ID: _____

PERSONAL PRACTICE REFLECTIONS

IMPACT ON MY PRACTICE

Name of Session: _____

Date: _____

The most useful thing about this session for me was:

This session highlighted the following gap in my current practice:

Please fill in one or more of the practice change options below **based on today's session**.

I will change my current practice in the following way:	The barrier(s) that I am anticipating include the following:
What changes in my current practice am I considering?	What would enable me to change my current practice?
I am not convinced that there is a need to change my current practice because:	What supports my current practice?

