



LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

Name: _____ SCPP #: _____ Licensing Year: _____

Topic (Title/Vol./Issue/etc.): _____ Project Date(s): _____

PRACTICE ISSUE:

Identify a gap in your knowledge, skills and/or abilities that is relevant to your practice/patients and **State** your learning objective for attending this CPD program.

Notes:

STIMULUS:

Indicate the factors that helped you identify this issue in your practice.

- | | |
|---|--|
| <input type="checkbox"/> Management of a patient or practice problem | <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |
| <input type="checkbox"/> Completing a self-assessment program | <input type="checkbox"/> Discussion with peers or others |
| <input type="checkbox"/> Scanning the literature (<i>journals, newsletters, internet</i>) | <input type="checkbox"/> Feedback about my practice, e.g., <i>practice review, external directive, patient complaint</i> |
| <input type="checkbox"/> Engaging in teaching, writing, research | <input type="checkbox"/> Participation in a volunteer activity |
| <input type="checkbox"/> Participation in a CE program | <input type="checkbox"/> Other (<i>specify in Notes:</i>) |

Notes:

RESOURCES:

Briefly **identify** your learning activities.

Time: _____ hours (*Estimate the approximate time spent on this project in increments of 0.5 hr*)

CEUs claimed: _____ (*number of hours recorded at left to a maximum of 4*)

- | | |
|--|--|
| <input type="checkbox"/> Non-accredited group program (<i>workshop, course, conference</i>) _____ hr | <input type="checkbox"/> Reading (<i>articles, texts, newsletters, manuals, internet</i>) _____ hr |
| <input type="checkbox"/> Self-study program (<i>print, video/audio, internet</i>) _____ hr | <input type="checkbox"/> Planned literature search, e.g., <i>Medline, Internet</i> _____ hr |
| <input type="checkbox"/> Self-assessment program _____ hr | <input type="checkbox"/> Discussion with colleague or experts _____ hr |
| <input type="checkbox"/> Preceptorship or mentorship with an expert _____ hr | <input type="checkbox"/> Other: _____ hr |

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Notes:

OUTCOME:

Identify the impact your learning will have on your practice.

- I plan to modify my practice. Confirmed no change in my practice needed at this time.
- More information needed to modify my practice.

REFLECTION NOTES:

Evaluate your learning activities.

Provide a brief summary of:

1. **Key learning points** from your project;
2. Was your **approach** the most **sensible/appropriate** one;
3. How you **plan to use** your new knowledge/skills in your practice, and
4. Any **additional learning** that is needed.

Notes:

Complete and retain this document in your personal Learning Portfolio