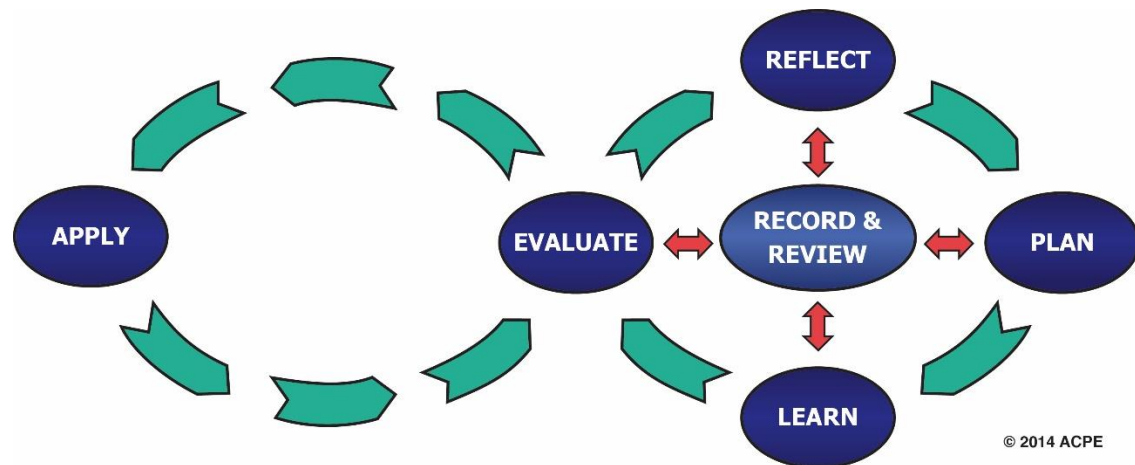# Continuing Professional Development (CPD) Portfolio

NAME: _____

Portfolio Contents:

- ✓ REFLECT
- ✓ PLAN
- ✓ EVALUATE
- ✓ LOG (Learning Outcomes Growth)

REFLECT

What other healthcare providers do you interact with regularly? If not in direct patient care, who are your customers? Or whom do you interact with on a regular basis?	Describe the interaction:

Professional Strengths and Opportunities for Development:

1. List work-related situations in which you felt confident or competent:

2. What knowledge/skills contributed to the successes above? (You may want to create a learning objective to further develop this skill/strength)

3. List work-related situations that you need to feel more comfortable or satisfied with:

4. What knowledge/skills would you want to develop or improve to better manage similar situations in the future?

5. What areas of improvement does your supervisor recommend from your performance improvement (optional)?

6. What knowledge/skills, attitudes or values do you need to work on or acquire for the coming learning cycle?

   - Knowledge

   - Skills

   - Attitudes

   - Values

PLAN: Personal Learning Plan

Goal: SMART Learning Objective	Planned Activities and Resources To Be Used	Dates	
		Goal start date	
		Goal finish date	
		Actual finish date	
		Goal start date	
		Goal finish date	
		Actual finish date	
		Goal start date	
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		Actual finish date	
		Goal start date	
		Goal finish date	
		Actual finish date	

S=Specific   **M**=Measurable   **A**=Achievable   **R**=Relevant   **T**=Timed

EVALUATE: Tracking My Learning

Date: *(when Learning Objective achieved)*   **Time spent in learning:** _____ hours

Learning Objective(s)	*What did you want to learn? (Insert your SMART objective)*

Learning Activities & Resources	*What did you use to achieve your objective?*

☐ Reading articles, journals
☐ Discussion with colleagues
☐ Continuing education activities
☐ Academic courses
☐ Point-of-Care learning

☐ Presenting/publishing scholarly works
☐ Developing/presenting educational content
☐ Teaching/precepting students, residents, other professionals
☐ Serving on a committee
☐ Other _____

Evaluation of Learning
Describe your learning experience. Consider the following:

- *What did you learn?*

- *Were your learning needs met?*   ☐ *Fully*   ☐ *Partially*   ☐ *Not at all*

- *If your learning objective was not fully met, what challenges or obstacles did you encounter? What will you do differently in the future?*

- *Were any new learning needs identified as a result of this learning experience?*

Personal Notes:

Outcomes	*Identify which outcome(s) apply to this learning activity.*

☐ I plan to change my practice based on this learning? *(Set specific goals)*

☐ I plan to pursue additional learning or information. (*If so, what, when and how?*)

☐ I achieved my desired learning and/or the learning affirmed my current knowledge and skills; no additional learning is needed at this time.

LOG: Learning Outcomes Growth

Plan to update this LOG on an ongoing basis. Start a new LOG each year.

Date(s)	Learning Activity	Time	Outcome(s)	Next Steps (Growth)