**Continuing Professional Development**

**(CPD) Portfolio**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rotation Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Portfolio Contents:**

✓ REFLECT

✓ PLAN

✓ EVALUATE

✓ LOG (Learning Outcomes Growth)

**REFLECT**

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| 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 success above? (You may want to create a learning objective to further develop this skill/strength) 3. List work-related or rotation-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 have your preceptors or supervisors recommended 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: Professional Learning Plan**

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| **Goal:**  **SMART Learning Objective** | **Planned Activities and**  **Resources to be Used** | **Dates** |
|  |  | *Goal start date:* |
| *Goal finish date:* |
| *Actual finish date:* |
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| **S**=Specific **M**=Measurable **A**=Achievable **R**=Relevant **T**=Timed |

**EVALUATE: Tracking My Learning**

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

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

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

☐ Reading articles, journals ☐ Developing/presenting educational content

☐ Discussion with preceptor/peers ☐ Teaching/precepting students

☐ Continuing education (CE) activities ☐ Serving on a committee

☐ ResiPrep videos/content ☐ CoreReadiness

☐ MyDispense ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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:**

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| **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.

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