NAME: ________________________________

Portfolio Contents:
✓ REFLECT
✓ ACT (Activity Completion Tracker)
✓ PLAN
✓ LOG (Learning Outcomes Growth)
# REFLECT

<table>
<thead>
<tr>
<th>What other healthcare providers do you interact with regularly?</th>
<th>Describe the interaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no in direct patient care, who are your customers? Or whom do you interact with on a regular basis?</td>
<td></td>
</tr>
</tbody>
</table>

### Professional Strengths and Opportunities for Development:

1. List work-related situations from the past learning cycle 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 from the past learning cycle 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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Resources</th>
<th>Dates</th>
<th>ACT</th>
<th>Done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMART Learning Objective</td>
<td>Planned Activities</td>
<td>Start Date</td>
<td>Goal finish date</td>
<td>Actual finish date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Start Date</td>
<td>Goal finish date</td>
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</tr>
</tbody>
</table>

**S**=Specific  **M**=Measurable  **A**=Acceptable  **R**=Realistic  **T**=Timeframe
ACT (Activity Completion Tracker)

Date: Time spent engaged in learning: _____ hours

Learning Objective(s) What did you want to learn? (Use SMART objectives)

Learning Resources What did you use to achieve your objective?

Evaluation & Reflection 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 and how may they be overcome?
- What new learning needs identified as a result of this learning experience?

Personal Notes:

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

- How will you change your practice based on this learning? (Set specific goals)
- I plan to pursue additional information. (If so, what, when and how?)
- The findings reaffirm my knowledge and skills and no change is needed to my practice at this time.
Plan to update this LOG on an ongoing basis. Start a new LOG each year.