



NAME: _____

Portfolio Contents:

- ✓ REFLECT
- ✓ ACT (Activity Completion Tracker)
- ✓ PLAN
- ✓ LOG (Learning Outcomes Growth)

REFLECT

What other healthcare providers do you interact with regularly?

If no 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 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

Goal SMART Learning Objective	Resources Planned Activities	Dates	ACT Done?
		<i>Start Date</i>	
		<i>Goal finish date</i>	
		<i>Actual finish date</i>	
		<i>Start Date</i>	
		<i>Goal finish date</i>	
		<i>Actual finish date</i>	
		<i>Start Date</i>	
		<i>Goal finish date</i>	
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		<i>Goal finish date</i>	
		<i>Actual finish date</i>	
		<i>Start Date</i>	
		<i>Goal finish date</i>	
		<i>Actual finish date</i>	

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.

LOG – Learning Outcomes Growth)

Date(s)	Learning Activity <small>(If applicable, include Name of Provider and ACPE UAN)</small>	Time	Outcome(s)	Next Steps (Growth)

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