Learning Event / CPD

Clinician's Registration No.							Item No.	

Outline Skills, Activity or Event

FOM Core Competency *(to refer to Curriculum and identify competency to be evaluated on this occasion)*:

Main Learning Points:

Clinician's reflections:

Looking back/so what? (*Are you satisfied with how you responded? If not, why not? Do you think you worked effectively with your colleagues? If not, what would help effective work in the future? Did you had all the support you needed? If not, what would have helped?)*

How has this influenced your practice? *(What feelings would you use to describe the event? Even when things go right, they can still be challenging. Think about the outcomes of this event and whether you feel they could have improved.)*

Looking forward, what are your next steps? (What next?) *(If there is a similar event in the future, would you do anything differently? What did you learn from this experience and/or your reflection on it? How will this learning improve your practice? How will this learning be used to the benefit of service users? Are there lessons to be learned for your team/ your colleagues/ the policies or systems you follow? Did the things you learned after this event help you achieve any of your development objectives? Did this event help you identify new learning objectives?)*

Clinician name:
Signature:

Date:

Time taken for learning & reflection