

Continuing Competency Program • Professional Development Plan and Outcomes Clinical Form

Name: _____ Example OT _____ Date form completed: _____ February 12, 2020 _____

Goal <u>1</u> of <u>2</u>	Item No. From Clinical Self- Assessment Tool	Goal (What I want to learn, specific and measurable)	Learning Strategies/Activities (What I need to do to achieve my goal)	Anticipated Completion Date (Attainable and time oriented)	Current Status
Registration Year: Mar. 1, 2019 to Feb. 28, 2020	<input type="checkbox"/> Item 1 point: __ <input type="checkbox"/> Item 2 point: __ <input checked="" type="checkbox"/> Item 3 point: 1 <input type="checkbox"/> Item 4 point: __ <input type="checkbox"/> Item 5 point: __ <input type="checkbox"/> Item 6 point: __ <input type="checkbox"/> Item 7 point: __	Increase my level of knowledge and expertise in Motivational Interviewing with the purpose of identifying client goals and strategies required to obtain their goals.	<ol style="list-style-type: none"> 1. Attend course on Motivational Interviewing in Healthcare and Educational Settings 2. Review evidence based literature on motivational interviewing within Occupational Therapy Practice 3. Integrate Motivational Interviewing with 3-5 clients before the end of the year 	February 2020	<input checked="" type="checkbox"/> Completed Date: Feb. 1, 2020 <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____
Outcomes/ Impact On Practice (How this leaning impacted my practice)			Evidence Supporting Goal Completion (Certificates, course material, books, notes, dates, etc.)		
Check all that apply and provide reflection: <input type="checkbox"/> Validated my practice <input checked="" type="checkbox"/> Enhanced my practice <input checked="" type="checkbox"/> Expanded my knowledge <input type="checkbox"/> Increased my awareness of existing resources <input type="checkbox"/> Other _____			List evidence and location in portfolio: <ol style="list-style-type: none"> 1. Certificate of course completion 2. Printed copies of articles with synopsis of what you gained from each 3. Dated copies of progress notes or summaries of client interactions (no identifying information) *evidence in section 3 of portfolio 		
Please complete the attached reflection form					



If audited, evidence will be required to be submitted

Outcomes/ Impact on Practice Reflection Form

Name: ____ Example OT _____

Goal 1 of 2

Check all that apply and provide reflection:

- Validated my practice
- Enhanced my practice
- Expanded my knowledge
- Increased my awareness of existing resources
- Other _____

Reflection:

Reflection located here