



**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"> Attend course on Motivational Interviewing in Healthcare and Educational Settings Review evidence based literature on motivational interviewing within Occupational Therapy Practice 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 _____ Please complete the attached reflection form			List evidence and location in portfolio: <ol style="list-style-type: none"> Certificate of course completion Printed copies of articles with synopsis of what you gained from each Dated copies of progress notes or summaries of client interactions (no identifying information) *evidence in section 3 of portfolio 		



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