Date: ...................................................  Time spent engaged in learning: ..........................................................

Learning Objective(s)  What do you want to learn?

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Evaluation & Reflection:  Describe your learning experience.  Consider the following:

• Were your learning needs met? (fully, partially, or not at all)
• What did you learn?
• How will this new knowledge influence your practice?
• Were new learning needs identified as a result of this learning experience?
• If your learning objective was not fully met, what challenges or obstacles did you encounter and how may they be overcome?

Reflection Notes:

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

☐ I plan to modify my practice based on this learning project:

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☐ I plan to pursue additional information.  If so, what information do you need to acquire?  When and how do you plan to accomplish this?

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☐ The findings reaffirm my knowledge and no change is needed to my practice at this time.

STIMULUS
What helped you to become aware of this learning need?

☐ Discussion with peers or other healthcare professionals
☐ Managing a patient or practice problem
☐ Completing a self-assessment
☐ Receiving feedback about my practice
☐ Participating in a live CE program
☐ Completing a print or on-line CE program
☐ Reading Literature
☐ Performing research
☐ Teaching, serving as preceptor or preparing for presentation
☐ Other

LEARNING RESOURCES
What resources did you use to achieve your learning objective?

☐ Live CE Program
☐ On-line CE Program
☐ Blended CE
☐ Discussion with Colleagues
☐ Journals/Articles
☐ Research/Literature Search
☐ Other