

Appendix 2

Master record sheets

The record sheets included here are master copies. Please photocopy. Do not write on these master copies – replacements will not be provided.

For learning that starts at Reflection on practice

CPD No. _____ Entry No. _____

Name of entry: _____ Date learning need identified: ____ / ____ / ____

Reflection on practice

R1

What do you want to learn to do?

Describe a learning objective with a stated performance outcome (something you will be able to do as a result of undertaking this development). Make it specific, measurable and achievable.

R2

Please explain how you have identified this learning objective.

Explain how you came to identify this as a learning objective. This information will be used as evidence that the learning need is relevant.

R3

Please indicate the method(s) used to identify this learning objective. (Tick box)

To answer this question, a list of methods that you might use to identify learning needs is provided. We will also use this information to provide feedback on the methods that you have been using and their benefits and limitations. (In time, some methods may become a requirement.)

- | | |
|--|--|
| <input type="checkbox"/> Critical incidents | <input type="checkbox"/> Audit |
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Feedback from users of service products |
| <input type="checkbox"/> Peer review/talking to colleagues | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Personal interest | <input type="checkbox"/> Other |

R4

To which competences does this learning objective relate?

(Please refer to competences - Appendix 7)

The competences provided are intended to be a starting point. Pharmacists are encouraged to ignore those that are not relevant to them and add their own where an appropriate one is not available

CPD No. _____ Entry No. _____

Planning

P1 Urgency: By when will you need to meet this learning objective?

Simply give a date by which you will need to have met the learning need. Be specific, don't put asap.

____ / ____ / ____

P2 Importance: What will be the impact of your learning?

Record the impact on you and others for whom you feel it will be significant. If you don't think that your learning will have a significant impact on any of these groups, you might ask yourself why you are undertaking this learning.

	None	Low	Moderate	High	Very High
Impact on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on the users of your services/products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P3 What activities could you undertake to meet this objective?

State the options that you have for meeting this objective. Outline the advantages and disadvantages of each, and indicate which you intend to undertake.

Description (✓ or ✗)	Advantages/Disadvantages

Action

A1 When did you undertake the activities you selected to meet the objective?

Give a date, or dates, on which you undertook or completed your selected activity or activities, and the time taken.

Description	Date completed and time taken

A2 What have you learnt as a result?

Briefly describe what you actually learnt from undertaking the activities. This might be different from, and perhaps more than, what you set out to learn.

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CPD No. _____ Entry No. _____

Evaluation (reflection on learning)

E1

Has your learning objective been met? *(Tick one box)*
 Fully
 Partly
 Not at all

E2

If your learning objective has been fully or partly met:

Please describe an example of how you have applied what you have learnt.*Give an example of how you have used what you have learnt.*

E3

If your learning objective has been fully or partly met:

Please describe any feedback you have had.*This might include users of your services/products, staff and colleagues. The learning may have had an impact on you, for example, by affecting your confidence or motivation, and you should record this. Feedback may come in many forms – for example, verbally, through surveys, or through statistics on performance.*

E4

If your learning objective has been partly met:

Please describe what part of your learning objective you did not achieve.*Briefly describe that aspect of what you set out to learn to do that you still cannot do, or can only do unsatisfactorily.*

E5

If your learning objective was partly met or not met at all:

Explain the reasons why your learning objective was not fully met or not met at all.*Briefly describe why you think you have not fully achieved your objective. For example, is it because you undertook inappropriate activities, did not define your learning objective in quite the right way or were too ambitious?*

E6

If your learning objective was partly met or not met at all:

What are you going to do next? *(Tick one box)*

- | | |
|---|--|
| <input type="checkbox"/> Nothing, the objective is no longer relevant | <input type="checkbox"/> Nothing, the objective is sufficiently met |
| <input type="checkbox"/> Review my options for activities to meet the objective | <input type="checkbox"/> Start a new cycle by redefining the objective |

For learning that starts at Action (unscheduled learning)

CPD No. _____ Entry No. _____

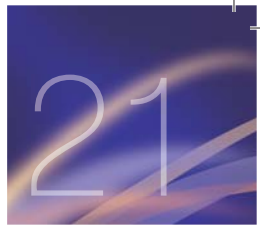
Name of entry: _____

Date learning undertaken: ____ / ____ / ____ Time taken: _____

Action**U1****Please describe the activity you have undertaken.***Describe the activity you undertook, being specific about the details.***U2****To which competences does this learning relate?***Answer this question with reference to Appendix 7. If you cannot find any competences that match, write your own.***U3****What have you learnt as a result?***Briefly describe what you learnt from undertaking the activities.***Evaluation (reflection on learning)****U4****Describe any feedback you have had.***This might include users of your services/products, staff and colleagues. The learning may have had an impact on you, for example by affecting your confidence or motivation, and you should record this. Feedback may come in many forms, for example, verbally, through surveys, or through statistics on performance.***U5****Please describe an example of how you have applied this learning.***Give an example of how you have used what you have learnt.***U6****Have you identified any learning needs as a result of undertaking this activity? (Tick box)***If so, start a new CPD record that starts with Reflection.*

Yes

No



Appendix 2 Master record sheets

For learning that starts at Planning

CPD No. _____ Entry No. _____

Name of entry: _____ Date when you started this plan: ____ / ____ / ____

Planning

P1

Describe the learning activity that you're thinking of undertaking?

This can be any activity that helps you to learn. As this is starting at the planning stage, describe the learning activity, it is not necessary to describe the objective. Learning activities can be informal as well as formal.

P2

What do you hope to gain from this learning activity?

Explain what you hope to learn by undertaking the planned activity. This can be a simple statement of intent rather than a detailed learning objective.

P3

What are the advantages and disadvantages of this activity?

When describing the advantages and disadvantages, you'll be showing that you've given some thought to the activity and you feel that is achievable and relevant.

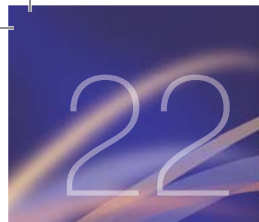
Advantages	Disadvantages

P4

Action category

You may select a category for the type of activity you are considering undertaking. If you do this we will use this information to provide you with feedback, outlining the type of activities for which you have preferences and the advantages and disadvantages of different types of activities.

- | | | |
|--|---|---|
| <input type="checkbox"/> Brainstorming | <input type="checkbox"/> Colleagues | <input type="checkbox"/> Computer Aided Learning |
| <input type="checkbox"/> Distance Learning | <input type="checkbox"/> Friends | <input type="checkbox"/> Information Service |
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Postgraduate Certificate/ Diploma/Degree |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Projects | <input type="checkbox"/> Secondment |
| <input type="checkbox"/> Short Courses | <input type="checkbox"/> Structured Reading | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Work shadowing |
| <input type="checkbox"/> Workshops | | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Work-based | |
| <input type="checkbox"/> Informal | <input type="checkbox"/> Not work-based | |
| <input type="checkbox"/> Both | <input type="checkbox"/> Both | |



CPD No. _____ Entry No. _____

P5 What is driving this?

- NHS or employing organisations
- My colleagues/peers
- My patients/service users
- My personal interest

P6 To what areas of competence does this learning objective relate?

(Please refer to competences – appendix 7) The competences provided are intended to be a starting point. Pharmacists are encouraged to ignore those that are not relevant to them and add their own where an appropriate one is not available.

P7 Urgency: When do you see yourself starting this activity?

Just give an estimate of when you will need to have started the learning activity.

/ /

P8 Importance: What will be impact of your learning on you, users of your services, colleagues and organisations to which you are contracted?

Record the impact on you and others for whom you feel it will be significant. If you don't think that your learning will have a significant impact on any of these groups, you might ask yourself why you are undertaking this learning.

	None	Low	Moderate	High	Very High
Impact on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on the users of your services/products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact on organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action

A1 What have you learnt as a result?

Try to describe this in terms of the skills, knowledge, attitudes and/or behaviours you have developed.

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CPD No. _____ Entry No. _____

Evaluation (reflection on learning)

E1**Have you gained what you hoped from this learning activity?**

- Fully
 Partly
 Not at all

If your learning objective has been fully or partly met:

E2**Please describe an example of how you have applied what you have learnt.**

If your learning objective has been fully or partly met:

E3**Please describe any feedback you have had from those on whom your learning activity was to have an impact or those who have been able to observe your performance.**

If your learning objective has been partly met:

E4**Please describe how you did not gain what you'd hoped from this learning activity.**

If your learning objective was partly met or not met at all:

E5**Explain the reasons why you didn't gain what you'd hoped for from this learning activity.****E6****What are you going to do next?**

- Nothing, the learning is no longer relevant
 Start a new cycle based on this evaluation

For learning that starts at Evaluation (reflection on learning)

CPD No. _____ Entry No. _____

Name of entry: _____

Date learning undertaken: ____ / ____ / ____ Time taken: _____

Evaluation (reflection on learning)**E1****Please describe a situation where you've applied something that you've learnt.***Try to focus on situations that went well or where you felt a sense of achievement at applying your learning.***E2****What factors contributed to your performance in this situation?***Focus on those aspects of your learning that made a difference to your performance.***E3****Please describe any feedback you have had from those who were involved in the situation or who have observed your performance.***This might include users of your services/products, staff and colleagues. The learning may have had an impact on you, for example by affecting your confidence or motivation, and you should record this. Feedback may come in many forms, for example verbally, through surveys or through statistics on performance.***E4****Please describe anything else that you'd now like to learn as a result of the situation.***Describe anything further that you would like to learn as a result of this situation. You can use this as a starting point for a new cycle of learning.***E5****What are you going to do next?** Nothing, this entry is complete Start a new CPD entry to record what you need to learn as a result of this event (starting at **reflection**)