



PRACTICE SUPPORT PROGRAM

Step 4: PROFESSIONAL DEVELOPMENT PLAN – Evaluate Activities

Name:

My Quality Assurance (QA) Cycle is from

, 20

to March 31, 20

For each Learning Activity you completed, evaluate and self-reflect on the learning outcome. Use the examples of reflective questions below to guide your evaluation of the impact the learning activity has had on your practice.

Reflective Questions

- *How does this learning activity meet the learning objective(s) set in your Continuing Professional Development Plan?*
- *What impact did this learning have on your practice? What are specific outcomes you have noticed?*
- *What did you learn about yourself or your practice by completing this learning activity?*
- *Did you identify any new areas for further growth as a result of this learning activity?*

Learning Activity __:

Completion Date:

Evaluation / Self-Reflection of the learning activity in meeting your learning objective(s):



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(Note: Make multiple copies of this page to fill in an evaluation for each of your learning activities.)

Learning Activity __:

Completion Date:

Evaluation / Self-Reflection of the learning activity in meeting your learning objective(s):