



Learning Goal Documentation Tool

Note: Before completing this, please consult the PCC Handbook for eligible learning plan criteria.

Please use one form for every learning activity.

Name:	
Registration Number:	
PCC Cycle: (A PCC cycle runs from April 1-March 31 annually)	
The indicator I have chosen: (designated as my goal)	
Completion Date: (The date I have completed at least two learning activities for this goal)	

Goal: Using the SMART resources, describe the specific learning goal you have established for yourself from the indicator above.

Planned Interventions:

Describe the learning activity that you plan to engage to address this learning goal.
(Note: you must designate and complete a minimum of two learning activities per goal)

Choose from:

Formal: Learning activity that is structured and may require an evaluative process to achieve a credential (certificate) upon completion (example: a Course or training)

Informal: Learning activity that is not structured and does not yield a credential (example: webinar, conference session)

Self-Directed: Learning activity that is designed by you (example: reading a journal or publication, following an exercise schedule)

Activity Type: (Formal, informal, self-directed)	
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Activity Name:	
Instructor/Presenter/Source of the learning activity:	
Location:	
Target date of learning activity: (When you plan to attend/engage the activity)	
Date of completion of learning activity:	

Details for Completed Interventions

Describe **in detail** the learning activities you have completed to meet your goal. Include specific information such as **dates and locations** of workshops and courses, and **proper citations** for articles or other publications, **dates/times/activities** for self-directed learning.

Impact on Practice

Describe **in detail** what you learned and how the learning has impacted, or will impact, your paramedic practice. How has this learning enhanced your professional knowledge, skill and/or judgment? How have your clients been positively impacted by your learning?

Documentation of Intervention

Please **upload a document** associated with your learning activity. This may be a certificate of completion, the source of the webinar/article, a journal of your activities.



Evaluation of Learning:

Evaluate your experience developing and carrying out this learning plan.

How has my Paramedic practice or me personally been enhanced?

How do I feel about my ability to find evidence-based resources or continuing competency learning activity options?

How am I sharing my new knowledge with colleagues and clients?

What feedback on my learning/practice enhancement have I received from clients, colleagues, and/or managers.

What topics/areas have I identified for further learning in the future?

What other things have I learned about myself during this process?