



SELF-ASSESSMENT PLAN OF ACTION SUMMARY SHEET

INTRODUCTION

Please complete the Self Assessment Plan of Action Summary Sheet based on the information you have discerned from the self-assessment questionnaire. This form will help you guide your CE and professional development. Completed samples are provided in the Self-Assessment Handbook.

This summary sheet is a component of your professional portfolio. Once you have completed the summary sheet, place it in your professional portfolio. It will be reviewed by a peer assessor during the peer and practice assessment to monitor compliance with the self-assessment process.

INSTRUCTIONS

1. Check off the items under the “Areas for Improvement” column you have identified as needing improvement from your completed self-assessment questionnaire. Use the “Learning Objectives” boxes you completed in the self-assessment questionnaire.
2. Transfer the information from the “Learning Objectives” box from the self-assessment questionnaire to the column of the same name in the plan of action summary sheet.
3. For each identified area requiring improvement, indicate the action steps you will take – e.g., the activities in which you will participate or the resources you will use.
4. Set a target date for achieving the learning objective and hold yourself accountable.

PERSONAL DATA

Name: _____

CCO Registration No.: _____

Date: _____

PLAN OF ACTION SUMMARY SHEET

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
I Doctor-Patient Relationship			
1. History Taking			
<input type="checkbox"/> A) Patient's Main Concern (the Problem)			
<input type="checkbox"/> B) General Information About the Patient (the Person)			

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
<input type="checkbox"/> 2. Physical Assessment			
<input type="checkbox"/> 3. Technical and Interpretative Components for X-ray			
<input type="checkbox"/> 4. Diagnosis/Clinical Impression			
<input type="checkbox"/> 5. Report of Findings			

Areas for Improvement (<i>I need improvement in...</i>)	Learning Objectives (<i>I will...</i>)	Activities Planned (<i>I will use/participate in...</i>)	Target Date
<input type="checkbox"/> 6. Treatment/Care			
<input type="checkbox"/> 7. Advice Given to Patients			
<input type="checkbox"/> 8. Outcome Measures/Re-assessment			
II Professional Responsibilities			
<input type="checkbox"/> 1. General Knowledge of Legislation, Regulations, Standards of Practice, Policies and Guidelines			

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
<input type="checkbox"/> 2. Scope of Practice			
<input type="checkbox"/> 3. Consent			
<input type="checkbox"/> 4. Reporting Obligations			
<input type="checkbox"/> 5. Interprofessional Obligations			

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
<input type="checkbox"/> 6. Acupuncture			
<input type="checkbox"/> 7. Dual Registrants			
<input type="checkbox"/> 8. Chiropractic Care of Animals			
<input type="checkbox"/> 9. Orthotics			

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
<input type="checkbox"/> 10. Best Practices			
III Communications <input type="checkbox"/> Communications			
IV Office Policies <input type="checkbox"/> 1. Record Keeping			
<input type="checkbox"/> 2. Management and Financial Policies			

Areas for Improvement <i>(I need improvement in...)</i>	Learning Objectives <i>(I will...)</i>	Activities Planned <i>(I will use/participate in...)</i>	Target Date
<input type="checkbox"/> 3. Advertising			
V Continuing Education and Professional Development			
<input type="checkbox"/> Continuing Education and Professional Development			

DECLARATION OF COMPLETION

I completed my Self-Assessment Questionnaire on: Date: _____

I have completed my Self-Assessment Plan of Action Summary Sheet, a component of my professional portfolio.

Signature: _____