Generic Revalidation Reflective Template

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| **Title and Description of Activity or Event**   * *Date(s) of activity or event* * **Which category of activity does this match?** * *General information about your practice* * *Keeping up to date* * *Review of your practice eg audit, quality improvement activity, significant events* * *Feedback on your practice eg patient/ colleague feedback, complaints and compliments.* |
| **What have you learned as a result of the activity?**   * *Describe how this activity contributed to the development of your knowledge, skills or professional behaviours* |
| **What has been the short and long term impact on your professional practice and patient care?**   * *How have your knowledge, skills and professional behaviours changed?* * *How will your current practice change as a result?* * *What aspects of your current practice were reinforced?* * *What changes in your team/ department/ organisation’s working were identified as a result?* * *How will this activity lead to improvements in patient care and safety?* |
| **State any action points to be carried out following this activity**   * *Outline any further learning or development needs identified both for yourself and/or team/ organisation* * *If learning and development needs have been identified how do you intend to address these?* * *Set SMART objectives (ie Specific, Measurable, Achievable, Relevant and Time-bound)* * *If changes in professional practice (individual or team/department) have been identified as necessary, how do you plan to address these?* |