



Continuing Competence Program Learning Plan

Year	2020		
Goal #	Goal # 1 <input type="checkbox"/>	Goal # 2 <input checked="" type="checkbox"/>	
Is this a projected or completed learning plan?	Completed <input type="checkbox"/>	Projected <input checked="" type="checkbox"/>	
CLPNM Registration #	1234567		

Note: Before completing this template, be sure to consult pages 3 to 5 of the CCP Instruction Guide for learning plan criteria.

How many years have you practised as an LPN?

18

What is/are your current area(s) of practice?

Community Health

How many years have you practised in this/these area(s)?

10

Do you plan on changing your area of practice in the coming year? If so, to what area?

No

Do you practice in Independent Practice?

[See here for a definition.](#)

Yes

No

Goal

Describe a specific learning goal you have established for yourself.

To identify best practice interventions for older adults experiencing insomnia in an out patient setting

Planned Interventions

Describe the learning activities that you plan or planned to complete to meet your learning goal.

1. Listen to relevant Canadian Sleep Society podcasts in fall of 2019
2. Read peer-reviewed articles in February/March 2020
3. Discuss potential pharmacological interventions with staff pharmacist in summer 2020
4. Review best practice non-pharmacological interventions in summer 2020

**Complete and submit pages 1 to 4 if this is a completed learning plan.
End here and submit only page 1 and 2 if this is a projected learning plan.**

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.

Impact on Practice

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

Impact on Practice (continued)

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Evaluation of Learning

Please evaluate your experience developing and carrying out this learning plan.

I now feel more confident that my nursing practice is consistent with current evidence.	
I now feel more confident about my ability to find evidence-based resources	
I discovered research resources or continuing education options I didn't know about.	
I shared my new knowledge with colleagues and clients.	
I received positive feedback on my learning from clients, colleagues, and/or managers.	
I identified topics for further learning in the future.	
Other (specify)	