

Remember to make a plan that is achievable. Review your Personal Learning Assessment and focus on the areas that you rated as a '1' (Section 1: I don't know anything about this topic or Section 2: I do not feel confident). You can use the learning assessment and learning plan to discuss your knowledge, skills and confidence in palliative care and advance care planning with your supervisor. Once you have created your learning plan and identified your learning needs and areas where further training is required, browse the links provided in this section on various types of education and resources that are recommended by the ELDAC team.

Here is an example of how to fill out the form:

Section 1: Knowledge of Palliative Care and Advance Care Planning

| Name <input type="text"/> | | | | Date Completed <input type="text" value="18/01/2019"/> | |
|---|-----------------------|----------------------------------|----------------------------------|--|---|
| Knowledge Need Learning Priority | How will this be met? | Target Date | Date Completed | Evidence of Completion | How have you applied your knowledge in advance care planning and palliative care? Provide specific examples |
| Improve my knowledge about grief and bereavement. | E-Learning | Day / Month / Year 18/01/2019 | Day / Month / Year 18/01/2019 | Certificate received after completing module that I downloaded for my records. | I have more of an understanding of the grieving process, which enables me to assist families in managing their grief and offer bereavement support. |

Section 1: Knowledge of Palliative Care and Advance Care Planning

| Name | | | | Date Completed <small>Day / Month / Year</small> | |
|----------------------------------|-----------------------|--------------------|--------------------|--|---|
| Knowledge Need Learning Priority | How will this be met? | Target Date | Date Completed | Evidence of Completion | How have you applied your knowledge in advance care planning and palliative care? Provide specific examples |
| | | Day / Month / Year | Day / Month / Year | | |
| | | Day / Month / Year | Day / Month / Year | | |
| | | Day / Month / Year | Day / Month / Year | | |

Section 2: Skills and Confidence in Palliative Care and Advance Care Planning

| Skills and Confidence Priority | How will this be met? | Target Date | Date Completed | Evidence of Completion | Provide examples of when you have demonstrated increased confidence in advance care planning and palliative care? |
|--------------------------------|-----------------------|--------------------|--------------------|------------------------|---|
| | | Day / Month / Year | Day / Month / Year | | |
| | | Day / Month / Year | Day / Month / Year | | |
| | | Day / Month / Year | Day / Month / Year | | |