

Based on the Gibbs Reflective Cycle (Gibbs G, 1988) — a recognised framework for clinical CPD reflection.

1 SESSION DETAILS

| | | |
|------------------------|------------------------|------------------|
| Full Name | Date | Duration (Hours) |
| | | |
| Session / Module Title | Facilitator | |
| | | |
| Primary CPD Category | Expedition / Programme | |
| | | |

2 DESCRIPTION — WHAT HAPPENED?

Describe what occurred during the session. Who was involved? What was the context?

3 FEELINGS & REACTIONS

How did this session affect you? What were you thinking and feeling during and after?

4 EVALUATION — WHAT WAS GOOD OR CHALLENGING?

What went well? What was difficult? What surprised you?

5 ANALYSIS — WHY IS THIS RELEVANT TO YOUR PRACTICE?

How does this connect to your clinical practice? What evidence or theory supports it?

6 CONCLUSIONS — WHAT WOULD YOU DO DIFFERENTLY?

What have you concluded from this experience? If this situation arose again, what would you change?

[Empty text box for conclusions]

7 ACTION PLAN — WHAT WILL YOU DO?

State specific, measurable changes you will make to your clinical practice.

| SPECIFIC CHANGE TO PRACTICE | TARGET DATE | HOW WILL I MEASURE SUCCESS? |
|-----------------------------|-------------|-----------------------------|
| Action 1 | Date | Measure |
| [Empty] | [Empty] | [Empty] |
| Action 2 | Date | Measure |
| [Empty] | [Empty] | [Empty] |
| Action 3 | Date | Measure |
| [Empty] | [Empty] | [Empty] |

8 KEY LEARNING SUMMARY

| KNOWLEDGE GAINED | SKILLS DEVELOPED / PRACTISED | ATTITUDES & PROFESSIONAL VALUES |
|------------------|------------------------------|---------------------------------|
| [Empty] | [Empty] | [Empty] |

9 CPD HOURS CLAIMED

| | | |
|-----------------|-----------------|--|
| ACEM | ACRRM | AHPRA |
| EA hrs: [Empty] | EA hrs: [Empty] | Total CPD hrs: [Empty] |
| PR hrs: [Empty] | PR hrs: [Empty] | Meets AHPRA standard: <input type="checkbox"/> Yes |
| PI hrs: [Empty] | OM hrs: [Empty] | |

10 FACILITATOR COMMENTS (OPTIONAL)

[Empty text box for facilitator comments]

11 DECLARATION

I confirm that this reflection accurately represents my learning experience and that the CPD hours claimed reflect genuine participation in the described activity.

Clinician Signature [Empty]

Date [Empty]