

## Personal Learning Assessment of Needs (PLAN) Survey

**Purpose:** To help physicians and health professionals identify their own learning needs, reflect on performance, and support the development of personalized learning plans (PLPs).

### Section 1: Demographics

- Clinical role: ☐ Physician ☐ Surgeon ☐ Allied Health ☐ Other: \_\_\_\_\_
- Specialty/Subspecialty: \_\_\_\_\_
- Years in practice: ☐ 0–5 ☐ 6–10 ☐ 11–20 ☐ 21+
- Practice type: ☐ Academic ☐ Community ☐ Hospital ☐ Mixed
- Are you in a leadership or administrative role? ☐ Yes ☐ No

### Section 2: Self-Assessment of Competency Areas

Please rate your **current level of confidence** in the following areas relevant to your practice.

Scale: (1 = Not confident - 5 = Very confident)

Competency Domain	Rating
Clinical decision-making	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Evidence-based practice	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Communication with patients/families	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Interprofessional collaboration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Cultural safety and trauma-informed care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Health equity/anti-oppression	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Managing uncertainty in practice	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Quality improvement & patient safety	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Leadership and change management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Competency Domain	Rating
Digital health and virtual care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Scholarly teaching or supervision	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Physician wellness & resilience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

### Section 3: Reflection & Goals

1. What learning activities have you completed in the past 12 months?  
(*E.g., conferences, online modules, journal clubs*)

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2. What are 2–3 specific learning goals you'd like to pursue this year?

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3. What barriers, if any, impact your ability to engage in CPD?

☐ Time ☐ Cost ☐ Relevance ☐ Access ☐ Technology ☐ Other: \_\_\_\_\_

4. Preferred learning format:

☐ Online ☐ Live ☐ Hybrid ☐ Peer groups ☐ One-on-one ☐ Simulation-based

5. Would you like to receive recommendations for CPD activities aligned with your learning goals?

☐ Yes, please send me personalized suggestions

☐ No, I prefer to browse available offerings

Name:

Email: