



# Your Personal Learning Plan

On behalf of the PLP-group:  
Lisbeth Errebo-Knudsen & Jonna Thomsen

# Index

Why/How .....	2
PLP – This is How You Do.....	3
Auditform.....	4
PLP - Introduction to Auditform .....	5
Log for PLP .....	6
Expanded log form .....	7
Other Methodologies for "What is My Status Now?" .....	8
PLP - Requirements Detection (Form 1) .....	9
PLP – Explanation to the Requirements Detection (Form 1) .....	10
PLP - Your Personal Learning Plan (Form 2) .....	11
PLP – Explanation to Your Personal Learning Plan (Form 2).....	12
PLP is worth your while .....	13
Group Learning Plan (GLP) and Inter-Disciplinary Learning Plan based on PLP .....	14
Continual Medical Education (CME) facilitators of the Counties in Denmark .....	15
Litterature .....	16

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## **Why prepare your own Personal Learning Plan (PLP)?**

### **In order to**

- **obtain an efficient CME**
- **become good at identifying and appreciating your strengths**
- **look for "blank spots"**
- **put you in a position to "thank no" to offers of CME with a clear conscience**
- **be able to prepare a GLP (Group Learning Plan) and a Inter-Disciplinary Learning Plan/Practice Development Plan, based on a good PLP**

## **How to Prepare Your PLP?**

### **What is My Background?**

- Recording/listing of the last 2 years of CME, DADLNET printout if possible
- Your learning style

### **What is My Status Now?**

- Audit
- Log
- Multiple Choice
- Simulated Patients
- Patient Satisfaction Survey

### **Where do I want to go?**

- Recording/listing your current requirements for CME, sorting them in order of priority

### **How Far Have I Got?**

- How do you monitor the achievement of the learning/conduct change?

**PLP is worth your while!**

## PLP – This is how you do "It takes two"

### 1. Preparing a good PLP requires 2 doctors to agree on the following:

The CME facilitator can form a group of doctors with an interest, or you choose a colleague, possibly in your CME group. Choosing a colleague you don't know too well, or somebody you know is different from yourself is a good idea.

### 2. Homework, individual, to be initiated no later than 2 weeks prior to session

**What is My Background?**  
**Recording/listing** of the last 2 years of CME, DADLNET printout if possible  
[www.dadlnet.dk](http://www.dadlnet.dk): click uddannelse, then efteruddannelsesregistrering and Almen Medicin)  
CME means anything from which you learnt something: CME group sessions, studies on your own, courses, own teaching activities, quality development, research etc.  
**What is My Status Now?**  
**Log** and/or **audit**.

### 3. Session of min. 2 hours duration: Interview, peer

1. doctor: 15 min.  
Tells about recording/listing
2. doctor: 15 min.  
Tells about recording/listing
1. doctor: 15 min.  
Tells about "What is My Status Now?"
2. doctor: 15 min.  
Tells about "What is My Status Now?"

#### Break

1. doctor: 15 min.  
Completing of Requirements Detection Form (Form 1)
2. doctor: 15 min.  
Completing of Requirements Detection Form (Form 1)
1. doctor: 15 min.  
Completing of Your Personal Learning Plan (Form 2)
2. doctor: 15 min.  
Completing of Your Personal Learning Plan (Form 2)

The PLP session should be held in a calm and pleasant location.

It is a good idea to complete each step in turn, allowing one person to recount and the other to **listen** and **ask proactively** (on equal terms – This is NOT an exam) and **write** down – and then vice versa.

It is important to allow the person who is on, i.e. being interviewed, to freely make associations/reflect, i.e. not having to make notes, the colleague will handle that, as in a patient/doctor consultation.

**Where do I want to go?**  
**Your Personal Learning Plan (Form 2)**

### 4. Follow-up session after 1 year, revision of PLP

**How Far Have I Got?**  
Allocate a minimum of 1 hour for the follow-up session.

**Remember to bring your PLP (Form 2)**  
Here you will discuss how the past year was spent

- Did you learn what you wanted?
- Did you change your conduct?
- Did you leave anything out, or did you involve anything new in your plan during the past year?
- Discuss difficulties and obstacles related to e.g. changing your conduct
- Are any modifications required in your PLP for the next year?

## After 2 years : New PLP



# PLP – Introduction to Audit Form

PLP – Introduction to Audit Form

The intention is to clarify and detect the need for CME by reflection immediately after the consultation. You are to spend 30 - 60 seconds considering the course of the consultation, and whether you would have performed better, had you been better prepared. This may be due to lack of knowledge in this field or another, you knew full well what to do but were not sufficiently trained to do so, or you were at a loss with the medical file/the workflow of the practice, so you missed an old diagnosis, an overmedication, missing laboratory tests or the like.

A minimum of 10 consecutive consultations/visits per day in a total of 5 workdays should be recorded. Telephone calls in our opinion are too stressful to cope with in this first round!

## 1. Reason

In column 1 quote the letter for the main chapter from the ICPC diagnosis code. The diagnosis chapter letters are found at the bottom of the page. In column 2 you can quote the ICPC diagnosis number. ICPC codes can be found in most medical systems.

## 2. Course (of Consultation)

Here you can put to record if you felt at a loss in one way or another in terms of your educational background. By "unsatisfactory" is understood that you feel you might have coped better if you had more training.

## 3. Problem Area

In columns 5 - 11 you have the opportunity to detect where you felt at a loss. It rarely ends up in disaster, but even in a fairly successful course of consultation one might feel that this could have turned out better if... Feel free to place several checks.

## 4. Missing

Columns 12 - 16. Here you can put to record whether knowledge or skills is what you are missing. We do not pretend to be modest, but attitudes should be detected by an entirely different type of observation.

## 5. Method of further Education

In columns 17 - 22 place your bid on the most appropriate method for you to cover your current need for education.

## 6. Priority

In columns 23 - 26 indicate a time frame for the intended activity. There is a pedagogical element in setting a deadline!

## 7. Key Words

A chapter letter + a diagnosis if any is not much of a basis for recollection later on. Please note in free text to free you from retrieving the medical file once you are to plan your CME.

### ICPC chapterletters

<b>A</b> General and unspecified	<b>R</b> Respiratory system
<b>B</b> Blood, bloodcreating organs, lymph system	<b>S</b> Skin
<b>D</b> Digestion	<b>T</b> Endocrine, metabolic disorders
<b>F</b> Eye (vision) ( <b>F</b> ovea)	<b>U</b> Urinary system
<b>H</b> Ear ( <b>H</b> earing)	<b>W</b> Pregnancy, birth, birthcontrol ( <b>W</b> omen)
<b>K</b> Cardiovascular system	<b>X</b> Female genitals ( <b>X</b> -chromosome)
<b>L</b> Locomotion system	<b>Y</b> Male genitals ( <b>Y</b> -chromosome)
<b>N</b> Nervous system	<b>Z</b> Social conditions
<b>P</b> Psychical	

# Log for PLP

## Simple

A log or diary of incidents in your daily work in practice; it could simply be a notebook or a folder on your PC, where you note incidents (see pt. 1 below) where you had doubts or need to learn more.

## Expanded

Also feel free to use the attached form as a log for planning what you need to learn.

A short explanation to the columns:

- 1. Critical Incident in Daily Practice:** A minor or major incident that gave you the feeling of acting on slender grounds – that this wasn't really sufficient. If you include too many incidents, this will be confusing, or you may have lost your self-confidence. If you only include the major events (those that really shake you, and which may disturb your sleep at night), you lose important potentials for learning, so finding the balance is up to you.
- 2. Learning Objects (Professional category, Specific Subject):** What do you specifically need to learn in relation to the critical incident?
- 3. Strategy:** What do you specifically want to do, and what skills do you need to achieve in your learning object?
- 4. Success Criteria:** What would prove that you achieved your learning object?
- 5. Time Schedule:** When do you plan this learning object to be achieved?

Reviewed on: \_\_\_\_\_ Personal signature: \_\_\_\_\_ Interviewer's signature: \_\_\_\_\_

Follow-up on: \_\_\_\_\_ Personal signature: \_\_\_\_\_ Interviewer's signature: \_\_\_\_\_

1 Critical incidence in daily practice	2 Learning objects	3 Strategy	4 Success criteria	5 Timeschedule

## Other Methodologies for "What is My Status Now?"

### Do You Know How You are Learning?

Your **learning style** depends on your type of character, your way of thinking and feeling, and how you work and solve problems. Also your style of teaching will correspond to your style of learning.

A range of methods are available for determining your learning style, e.g.

- Leeds/ANDRA, which tests you to be enthusiastic, innovative, practical or logical of nature.
- Honey and Mumfort, which tests you to be active, meditative, practical or logical of nature .
- Hahnemann, which tests you to be of a red (impulsive), blue (compulsive (conscientious)), or a mixed nature.

The object of e.g. Hahnemann is:

1. To realize your personal style of learning/teaching by completing a short questionnaire (40 questions) and subsequently discuss and identify various aspects of red/blue conduct.
2. To enable you to identify the learning style of other individuals rendering you more capable of collaborating with them.
3. To use your knowledge of learning style in educational planning and educational evaluation and in other professional and interpersonal relations.

You can learn this in a workshop with a duration of approx. 1½ hour.

Contact person: Dr. Lisbeth Errebo-Knudsen, The county of Storstrøm, Denmark.

Apart from the actual test result it is also important among other things to consider:

- Do you agree with the image of your learning style rendered by the test?
- How do you see your learning style reflected in the way you deal with a problem or in your way of acquiring knowledge and skills?
- How could you utilize your learning style with a greater effect?
- Could you change your learning style? What would you gain from that?

It is also worthwhile to find out, in which environment you learn at your best, and what typical blockages you might have in relation to learning.

### Multiple choice

On [mcq.fuap.dk](http://mcq.fuap.dk) and [www.dsam.dk/vejledninger/klinvejl/mcq.html](http://www.dsam.dk/vejledninger/klinvejl/mcq.html) you will find questions to the Clinical Guidelines (Kliniske Vejledninger) published by DSAM (Danish College of General Practitioners).

Contact: Dr. Frank Andersen, the county of Storstrøm, Denmark.

The Monthly Magazine for Danish General Practitioners is publishing questions to the specialist articles on CD ROM.

The doctors of Djursland are working with assessment based on an english model. Your contact is Dr. Peder Olesgaard, Denmark.

The Royal College of General Practitioners is publishing applications on CD OM with multiple choice questions and case histories from everyday practice with a direct feedback. Available from PEP Office, RCGP. 12 Queen Street, Edinburgh EH2 1 EJ.

### Patient Satisfaction Survey

[www.danpep.dk](http://www.danpep.dk). Contact: Dr. Hanne Heje, The Research Unit of General Practice/Forskningsenheden for Almen Medicin, Århus, Denmark.

### Simulated Patients

Trained simulated patients can provide valuable feedback on communicative skills.

Dr. Anna Weibull, Grenå, Denmark, is experienced with this method.

### Audit

For the contact details of the audit counsellor in your county, please contact the Audit Project of Odense, Winsløwparken 17,5000 Odense C, Denmark, Tlf. +45 65 57 38 37.

### Key Figures

You can compare your key figures from the health insurance with those of your colleagues in e.g. your group of CME.

### Mutual Practice Visits

Carry out mutual practice visits with a colleague Dr. Jesper Lundh in Nivå and Dr. Mette Ulsø in Herlev, Denmark.

### Personal visitors in CME and pharmaceutical consultants of the county

PEB and ALK are being established nationwide.

## PLP - Requirements Detection Form (form 1)

		Professional category	Daily Practice	CME Activity	Self Test	Teaching Research	Other
<b>Health Promotion and Disease Treatment</b>	<b>A</b>	General and unspecified					
	<b>B</b>	Blood, bloodcreating organs, lymph system					
	<b>D</b>	Digestion					
	<b>F</b>	Eye (vision) (Fovea)					
	<b>H</b>	Ear (Hearing)					
	<b>K</b>	Cardiovascular system					
	<b>L</b>	Locomotion system					
	<b>N</b>	Nervous system					
	<b>P</b>	Psychical					
	<b>R</b>	Respiratory system					
	<b>S</b>	Skin					
	<b>T</b>	Endocrine, metabolic disorders					
	<b>U</b>	Urinary system					
	<b>W</b>	Pregnancy, birth, birthcontrol (Women)					
	<b>X</b>	Female genitals (X-chromosome)					
	<b>Y</b>	Male genitals (Y-chromosome)					
	<b>Z</b>	Social conditions					
<b>Management</b>	<b>1</b>	Staff					
	<b>2</b>	Administration					
	<b>3</b>	Account					
	<b>I</b>	<b>Contact and communication</b>					
	<b>II</b>	<b>Teaching, quality development and research</b>					
	<b>III</b>	<b>Other</b>					

# PLP – Explanation to the Requirements Detection (Form 1)

## How to prepare a systematic discussion?

The PLP – *Requirements Detection Form* (Form 1) is intended as a help to explore every corner of any needs for CME – in order to detect any "blank spots".

**Vertically columns:** A-Z, 1-3 and I-III represent the various fields, professional categories, in which further training may be needed. As in the process of recording via the DADLNET, A-Z are health care and treatment of illnesses, 1-3 management (operation of the practice) and I teaching, quality development and research, II contact and communication, and III other, including cross-disciplinary subjects like e.g. terminal care.

**Horizontally** the 5 areas are intended as a help to recall the situations in which you detected your need for CME. 1) A critical incident in daily practice with the patients? 2) While participating in a CME activity? 3) Was it a sort of self test – e.g. multiple choice, simulated patients? 4) While teaching the trainee in your practice? 5) Maybe something completely different – during social company with e.g. a colleague.

In the individual fields of the matrix, write either: Nothing, 1 (moderate need), or 2 (urgent need); needs you have registered on courses for or arranged to address already should be noted as 2.

## Your Personal Learning Plan (form 2)

Time	Learning Objects		Strategy			Success Criteria
	Prof. category*	Specific subject	Personal studies	CME Group	Course	
< 3 month	1. Fx K	fx Incomp. Cordis		X		
	2.					
	3.					
< 6 month	1.					
	2.					
	3.					
< 12 month	1.					
	2.					
	3.					
< 2 years	1.					
	2.					
	3.					

\* according to form 1, A - III

Give priority to min. 1 subject in each time window, ie. min. 4 subjects

Date \_\_\_\_\_

\_\_\_\_\_  
Personal signature

\_\_\_\_\_  
Interviewer's signature

A follow-up session has been scheduled:

Dato \_\_\_\_\_

## PLP – Explanation to your Personal Learning Plan (Form 2)

You should now have reached the point where you can make a priority list of your learning requirements and set some deadlines. There are short term /urgent problems often related to an individual patient, to be solved immediately, and long term problems of a more general nature to be dealt with in depth.

First, consider the subjects (professional categories), you marked 2. Next, consider the subjects you marked 1. Then enter a minimum of 4 subjects in Form 2.

### Learning Objects

**Specific Subject:** What do you specifically need to learn (as detailed as possible)?

### Strategy

**Personal studies:** Including the training of skills

**CME group:** Including your own CME group as well as any new group including cross-disciplinary groups

**Courses:** Including seminars

### Success Criteria

What would prove that you achieved your learning object (enhanced knowledge/modified conduct)?

At the bottom a space is reserved for the date and signature of the two colleagues.

**Remember:** Your Personal Learning Plan is to be followed up in approx. one year, with e.g. a session of one hour's duration as a minimum. The date for this follow-up should be entered at the bottom.

After 2 years a new plan is to be produced (approx. 4 hours, preparation + peer interview).

## PLP is Worth Your While!

**Because:** An increasing amount of new medical knowledge is generating, and at an almost equal rate the knowledge we possess becomes obsolete. On a current basis we must decide what is relevant to know and relate to in our everyday work in general practice.

**Because:** We transform theoretical knowledge into **personal** knowledge, which we use in our everyday work. In general practice we must handle a wide range of complex situations.

It is important for us to learn to understand and explain this complexity in **professional** general practice.

**PLP is a fine tool** to provide an overview of this task and to solve it.

**PLP is an easy step-by-step strategy.** By considering our way of thinking and acting, -why we act like we do, and whether we actually do what we think we do, in professional general practice, we enhance efficient learning. We structure - and get into control of our own learning.

It is a strength to be able to identify and assess when "sufficient will do".

**It takes two persons to complete the process.** We need another person - a good colleague, a facilitator or mentor, in whom we have confidence and with an involvement in the steps of the PLP process, who can assist in identifying "blank spots" and provide a supportive feedback.

### **The general key elements of PLP are:**

What does your everyday work include? – What do you need to learn? (knowledge, skills and attitudes).

Can your daily work be performed in a better way? – Why do you need to learn? (values).

How will you proceed to "improve"? – How will you pick up the things you want to learn?.

How will you know when you have changed your daily work? – How will you know when you have learnt to put to use what you wanted to learn?

There is a time frame, and there is a relation between what you have learnt previously, (acquisition of skills and knowledge) and further, future learning (development).

As PLP has its basis in our daily work, it is a natural development to have everybody working in general practice prepare their PLP. This could form the basis for changing daily routines by developing clinic teams across traditional professional barriers, leading to the development of general practice by means of a cross-disciplinary practice learning/development plan.

**PLP is a pioneering field:** We are not used, to openly and systematically assess whether our daily work is in accordance with our personal, professional or organisational goals in the presence of another person. This can be a cultural chock, as to some it is still not professionally acceptable to reveal uncertainty – to be in doubt. This can be experienced as a threatening evidence of weakness.

PLP is difficult, especially if one is used to old-fashioned learning compared to the modern "knowledge acquisition" style of learning.

PLP is **not** just a way to prove that you are receiving further education, it is a tool for developing an awareness of learning.

So PLP can provide the framework and structure to monitor and evaluate improvements in all aspects of the general practitioners practice:

- Our professional values
- Our professional relation to patients.
- Maintenance and updating concerning the performance of our daily work.
- Response to complaints and comments from patients.

**PLP is a core concept in present and future life-long professional development.**

## Group Learning Plan (GLP) and Inter-Disciplinary Learning Plan based on PLP

### Group Learning Plan (GLP)

PLP is a prerequisite in preparing a good Group Learning Plan (GLP) in your CME group. Once you have produced individual PLPs and subsequently meet in your group, you can take up the individual prioritized subjects for CME group (form 2), and then in the group make a priority of the subjects.

Next, discuss methods of learning for each subject, good potential educators, if you do not prefer to get into the subjects yourselves and educate one another within the group. Also, remember to agree on date and time, and designate somebody to be in charge of the meeting.

A GLP could look like the one below:

Time/Location	Professional Category	Specific subjects (learning aims)	In Charge of Group/Instructor	Success Criteria*

### Inter-Disciplinary Learning Plan/Practice Development Plan

A good PLP is required to produce a Inter-Disciplinary Learning Plan for e.g. your practice.

If all employees have their PLP prepared prior to your meeting to make a common or group based learning plan for the practice, you will as a result achieve a more satisfactory plan on an individual level.

Taking up the subjects of each individual would be greatly facilitated if a thorough preparative work has been performed.

In order to prepare a Inter-Disciplinary Learning Plan for a practice it is natural to combine the various professional groups in subgroups. If your practice has only one of each kind, it is a good idea to combine several practices and their staffs and divide into subgroups before you eventually leave with your own Practice Development Plan.

A Inter-Disciplinary Learning Plan could look like the one below:

Time/Location	Professional Category	Prof. groups involved	Specific subject (learning aims)	In charge of group/Instructor	Success Criteria*

\* How do you detect that the intended learning/change of conduct has taken place?

## CME facilitators of the Counties

Your county's CME facilitators can assist you and your CME groups in getting started with a PLP. Find your CME facilitator in this list.

If a new CME facilitator have been appointed, or you have problems getting a hold of your CME facilitator, please contact:

Benedikte Brinck-Lund tel. +45 35 44 81 30, fax +45 35 44 85 08, e-mail: bbl@dadl.dk.

County	Name	Address	ZIP/City	Telephone	Fax (+45)	E-mail
<b>Københavns kommune</b>	Gitte Hessel-Andersen	Sortedam Dosseringen 29,1.	2200 København N	35 39 01 51		d188379@inet.uni2.dk
	Bente Nielsen	Bissensgade 7	1773 København V	33 22 58 97	33 79 47 88	bente.nielsen@dadlnet.dk
<b>Frederiksberg kommune</b>	Nina Bjørn	Schonbergsgade 2, 1.th.	1906 Frederiksberg C	33 24 53 63		ninabjoern@dadlnet.dk
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	Frank Andersen	Rønnevej 31	4640 Fakse	56 71 31 30	56 71 47 43	frank_andersen@dadlnet.dk
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## Litterature

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13. [www.dsam.dk/vejledninger/klinvejl/mcq.html](http://www.dsam.dk/vejledninger/klinvejl/mcq.html)
14. [www.danpep.dk](http://www.danpep.dk)
15. [www.dadlnet.dk](http://www.dadlnet.dk) (click on Uddannelse, then Efterudd. Reg. and Almen medicin)
16. [www.dadlnet.dk/ufl/ufl0112/p\\_l/36396.htm](http://www.dadlnet.dk/ufl/ufl0112/p_l/36396.htm)



# Your Personal Learning Plan



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