

## CONTINUING COMPETENCE PROGRAM

Completion of the Continuing Competence Program (CCP) is mandatory for each licensure year (see Bylaw $V.1$ ).
Designation(s) $\square$ RN $\square$ RN(AAP) $\boxtimes$ NP
I have reviewed the Practice Standard(s) and indicators for my specific designation(s). $\boxtimes$ Yes $\square$ No
Learning Plan A minimum of one learning goal is required; however, it is recommended that you choose two or three. Complete for the highest role designation. If you practice in more than one category, you must include learning goal(s) and activities that relate to your primary role and where the learning will most positively impact your competence as a nurse. Indicate the Practice Standard(s) you will focus on this year.
RN Practice Standards  □ Standard 1: Professional Responsibility and Accountability □ Standard 2: Knowledge-Based Practice □ Standard 3: Ethical Practice □ Standard 4: Service to the Public □ Standard 5: Self-Regulation
RN with Additional Authorized [RN(AAP)] Practice Standards  □ Standard I: Professional Responsibility and Accountability  □ Standard II: Knowledge-Based Practice  □ Standard III: Ethical Practice  □ Standard IV: Service to the Public  □ Standard V: Self-Regulation
NP Practice Standards  □ Standard 1: Professional Responsibility and Accountability  □ Standard 2: Knowledge-Based Practice □ Standard 3: Ethical Practice □ Standard 4: Service to the Public □ Standard 5: Self-Regulation □ Standard 6: Therapeutic Management

## What will your learning goal(s) focus be based on the Practice Standard(s) you have chosen for this licensure year?

- 1. I need to review and update my knowledge of newer antibiotic therapy used for health conditions in outpatient settings. To better understand my practice, I will conduct a short practice audit to assess my current antibiotic prescribing practice and conduct a focused internet search of the antibiotics.
- 2. I want to review newer infection control guidelines for the appropriate use of antibiotics management in adults by reviewing the current RxFiles.

## Add at least one (1) planned activity for each learning goal(s) you have chosen.

Activity Type	Activity Name	Target Date	Completion Date	In Progress/Carrying Over to Next Year's CCP
Research	Research current evidence-informed information on new antibiotic prescribing	December - February	February 13	
Review best practice guidelines/policies	Review CRNS policy regarding the principles of common medical disorders	February 20	February 25	
Audit	Conduct a short audit of my prescribing practice to identify areas for improvement	January- August	August	
Attend webinar	Attend a regional multidisciplinary CME webinar on antibiotic stewardship	June 22	June 22	
Apply	Revise prescribing practice based on findings	September	September	September and into next year to determine effect of changes

## **Evaluation Comments:**

I felt this goal was important to me to ensure I was current on when to or not to prescribe antibiotics and how to reduce antibiotic resistance by practicing antibiotic stewardship. Conducting my own audit of how I prescribe antibiotics showed me where I needed to change my current practice and how to have a more consistent approach when treating clients. In addition, I was able to include this new information when talking with my clients which also

supported positive outcomes of care. Networking with others during the CME webinar was beneficial in gathering information on new resources to review or research as well as learning new best practice guidelines in ways I can prescribe antibiotics in the future. Overall, I feel through this learning that I am more informed regarding better approaches in prescribing antibiotics to my clients.

**Supporting documents (optional):** (including but not limited to Certificate of Attendance, Webinar Registration Confirmation, Transcript, Presentation Evaluation)

Certificate of attendance-CME-Antibiotic Stewardship

I have completed my CCP Learning Plan and Evaluation. ⊠ Yes □ No					
Sharron Johnstone	00000				
Last, First Name	Registration Number (optional)				
Sharron Johnstone	October 13, xxxx				
Signature	Date				