

**Advanced Training Committee in General Paediatrics**

**(Australia)**

**Child Protection Logbook**

All trainees are to keep a record of the child protection cases they have seen, and submit this logbook once 15 cases have been seen.

**Trainee Name:**

**Trainee MIN:**

**Date Submitted:**

Trainees must submit a PDF copy of the logbook via email to GeneralPaedsAdvanced@racp.edu.au once all 15 cases have been recorded and signed off by their supervisor/s to confirm that they are true and accurate.

Any questions regarding the completion of the logbook can be directed to the Education Officer for Advanced Training in General Paediatrics, via email or on (02) 9256 5444. Questions relating to the types of cases seen should be directed to the supervisor/s in the first instance.

Example cases are provided below as a guide of the expected detail trainees should provide in their logbooks. Please note that the provided examples are fictional cases.

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| --- | --- | --- | --- | --- | --- | --- |
| **Date Seen** | **Initials** | **Age** | **Training Setting** | **Reflection**(Please include a few sentences about your involvement with each case) | **Supervisor Name** | **Supervisor Signature** |
| 17/7/2018 | JM | 5 | ABC Hospital | Review of 5yo boy with bruising in ED. History taken from child and family members and examination performed. Investigations arranged and discussion with Child Protection Unit at tertiary hospital. Notification made to relevant state based community services due to concerns of risk of significant harm. | J.Smith |  |
| 19/8/2019 | CM | 11 months | ABC Hospital | Review of 11mo girl with a fractured femur of unknown cause. History taken from family and examination performed. Discussion with general paediatrician on call and further investigations performed. Notification made to relevant state based community services due to concerns of risk of significant harm. | J.Smith |  |
| 25/9/2019 | KB | 2  | ABC Hospital | Patient seen in outpatient clinic with failure to thrive on the background of the family being known to Community Services. History and examination performed. Concerns that failure to thrive is due to neglect and maternal mental health issues. Discussion with Community Services caseworker and notification made to helpline. | P.Daniels |  |

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| **No.** | **Date Seen** | **Initials** | **Age** | **Training Setting** | **Reflection** (please include a short sentence about your involvement with each case) | **Supervisor Name** | **Supervisor Signature** |
| 1 |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |

**Trainee Declaration:**

I declare that this is a true and accurate record of the cases I have seen and examined and made reports on while at the above training settings.

**Trainee’s Signature:**

**Date:**