Training Committee in Palliative Medicine

Foundation in Palliative Medicine

Logbook



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| This form should also be used if you are enrolled in the program under the previous name, Clinical Diploma in Palliative Medicine. |
| **TRAINEE DETAILS**  |
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|  |  |
| --- | --- |
| Trainee full name | Click here to enter text. |
|  |
|  |
| **SUPERVISOR DETAILS** |
|  |
|  |
|  |
|  |
| Supervisor full name | Click here to enter text.  |
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| --- | --- |
|  [ ]  | I have viewed the details of each case with the trainee, and they are of true and accurate information. |
|  [ ]  | I have sighted and discussed this logbook with the trainee and make the following comments: |
| Click here to enter text.  |
| Supervisor’s Signature:***Signature not required where trainee will be including the supervisor/s in the email submission to the college.*** |       | Date: | Click here to enter text. |

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| **IMPORTANT INFORMATION****The Clinical Foundation Logbook consists of two sections:**1. Record of Cases
2. Record of Courses and Educational meetings attended

**The record of 30 cases should demonstrate:** * Experience with a wide variety of clinical scenarios.
* Managing a range of issues in palliative care in the physical, social, psychological and/or spiritual domains.
* Experience interacting with patients’ families and/or carers.
* Recognition of when to refer patients to other disciplines and services.
* Personal reflection on the case.
* The learnings gained from each case with appropriate reference to evidence-based practise i.e. journal article, guideline.

**Please note:*** The logbook is to be discussed with the supervisor to enhance learning experience.
* The length of each case record must not exceed one page.
* The logbook must be submitted within one month of completing the training rotation.
* The logbook will be reviewed by the Training Committee in Palliative Medicine and the trainee may be asked to resubmit if the logbook does not meet the expected standard.
* The reflection statement for each case should include comparison with similar cases where applicable
 |
| **LOGBOOK SUBMISSION****Please submit your logbook via email to:** PallMedFoundation@racp.edu.auIf you are scanning this document please make sure the scan is clear. Please do not send faxes. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Number:** | **1** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **2** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **3** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **4** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **5** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **6** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **7** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **8** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **9** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **10** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **11** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **12** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **13** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **14** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **15** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **16** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **17** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **18** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **19** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **20** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **21** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **22** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **23** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **24** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **25** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **26** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **27** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **28** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **29** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |
| **Case Number:** | **30** | **Date First Reviewed:** | Click here to enter text. |
| **Patient Details** |
| **Sex:** | Click here to enter text. | **Age:** | Click here to enter text. |
| **CALD** (Culturally and Linguistically Diverse): | [ ]  Yes [ ]  No | **Aboriginal/Torres Strait Islander or Māori Origin:** | [ ]  Yes [ ]  No |
| **Domain(s) of Care:**[ ]  Physical [ ]  Psychological [ ]  Social [ ]  Spiritual |
| **Diagnosis:** |
| Click here to enter text. |
| **Main Presenting Symptoms:***(Main symptoms/issues)* |
| Click here to enter text. |
| **Management:** |
| Click here to enter text. |
| **Outcomes:** |
| Click here to enter text. |
| **Challenges:** |
| Click here to enter text. |
| **Learning Issues:***(Reflection on the case = what did you learn from managing this patient?)* |
| Click here to enter text. |
| **Evidence-based safe practise reviewed:***(References i.e. evidence-based guidelines, journal article)*  |
| Click here to enter text. |

Record of Courses and Educational Meetings Attended

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| *Specify number per month and topic where relevant* |
| Month | Lecture | Case Presentation | Journal Club | Course/event | Resources websites accessed | Meeting with supervisor |
| January |  |  |  |  |  |  |
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| February |  |  |  |  |  |  |
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| March |  |  |  |  |  |  |
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| August |  |  |  |  |  |  |
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| November |  |  |  |  |  |  |
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| December |  |  |  |  |  |  |
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