Training Committee in Palliative Medicine

Clinical Foundation in Palliative Medicine

Logbook



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| --- |
| **TRAINEE DETAILS** |
| |  |  | | --- | --- | | Trainee full name | Click here to enter text. | |  | | |  | | | **SUPERVISOR DETAILS** | | |  | | |  | | |  | | |  | | | Supervisor full name | Click here to enter text. | |  | | |  | |  | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 (required): | |  | 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.au](mailto:PallMedDiploma@racp.edu.au)  If 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. | | | |
| **I, supervisor, have reviewed cases 1-10**  *(supervisor’s signature required)* | |  | |
| **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. | | | |
| **I, supervisor, have reviewed cases 11-20**  *(supervisor’s signature required)* | |  | |
| **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. | | | |
| **I, supervisor, have reviewed cases 21-30**  *(supervisor’s signature required)* | |  | |

Record of Courses and Educational Meetings Attended

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Specify number per month and topic where relevant* | | | | | | |
| Month | Lecture | Case Presentation | Journal Club | Course/event | Resources websites accessed | Meeting with supervisor |
| January | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| February | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| March | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| April | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| May | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| August | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| September | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| October | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| November | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| December | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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