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| **Code:** |  |

Clinical Oncology Special Case Report Template Topic: CHEMOTHERAPY DELIVERY SESSION

# IDENTIFICATION:

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| --- | --- | --- | --- |
| MRN: |  | Supervisor: |  |

# PATIENT DETAILS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initials: |  | | Date of Birth |  |
| Date of Activity: | |  |

# LINK TO CURRICULUM:

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| CanMEDS role(s) addressed:*E.g., Indicate roles in addition to medical expert* |
|  |

**LEARNING OUTCOMES:**

E.g., Breast or ROCKSS, Learning Outcomes 3.2.3 & 4.1.1, p.48-49

|  |  |  |
| --- | --- | --- |
| **Curriculum Section:** | **Learning Outcomes:** | **Page Number(s):** |
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# LEARNING OPPORTUNITY:

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| Statement of activityObservation of chemotherapy delivery session |

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| **Description of activity** |
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| **Major issues arising from this activity**  E.g., what was the outcome, what is still outstanding? |
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| **Level of participation in experience described**  E.g., observer, facilitator, assistant (for operation) – one line only |
|  |

# REFLECTION:

# Word count guide: 100-400

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| **Specific skills or knowledge acquired** |
|  |

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| **Comments for future learning** |
|  |

**SIGN OFF:**

The report is ‘complete’ when the factual components of this case have been documented correctly and the Supervisor believes the trainee has used this exercise to progress further learning. Please refer to the Assessment Guide/Criteria on the [College website](https://www.ranzcr.com/trainees/rad-onc/assessment).

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|  |  |  |
| ***Signature of Clinical Supervisor*** | | ***Date*** |
|  |  |  |
| ***Signature of Trainee*** | | ***Date*** |