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| **Code:** |  |

RANZCR Faculty of Radiation Oncology Clinical Oncology Special Case Report Template

Topic: SYMPTOM MANAGEMENT / PALLIATIVE CARE

# IDENTIFICATION:

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

**PATIENT DETAILS:**

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

# LINK TO CURRICULUM

E.g., Indicate roles in addition to medical expert

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**LEARNING OUTCOMES:**

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

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

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| **Statement of Activity**  E.g., management of pain crisis for inpatient with breast cancer |
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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 |
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# REFLECTION:

Word count guide: 100-400

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| **Points of particular interest** |
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| **Specific skills or knowledge acquired** |
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| **Comments for future learning** |
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**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*** |