



Code:

### GENERAL CLINICAL ONCOLOGY CASE REPORT TEMPLATE

#### IDENTIFICATION:

MRN: \_\_\_\_\_ Supervisor: \_\_\_\_\_

#### PATIENT DETAILS:

Initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

#### LINK TO CURRICULUM/LEARNING OUTCOMES

Indicate roles and related learning outcomes from the curriculum document and the page number(s)

CanMEDS Role	Roles addressed <i>cross box(s)</i>	Learning Outcomes (e.g. 1.2.1; 4.3.1)	Page Number(s)
Medical Expert	<input type="checkbox"/>		
Communicator	<input type="checkbox"/>		
Collaborator	<input type="checkbox"/>		
Manager	<input type="checkbox"/>		
Health Advocate	<input type="checkbox"/>		
Scholar	<input type="checkbox"/>		
Professional	<input type="checkbox"/>		

#### LEARNING OPPORTUNITY:

##### Statement of activity

*E.g., convening and chairing a family conference*

##### Description of activity

*E.g., outline of interview/discussion with family, details of operation: what is the goal?*

**Major issues arising from this activity**

*E.g., what was the outcome, what is still outstanding?*

**Level of participation in experience described**

*E.g., observer, facilitator, assistant (for operation) – one line only*

**REFLECTION:**

Word count guide: 100-400

**Points of particular interest**

**Specific skills or knowledge acquired**

**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](#).*

\_\_\_\_\_  
**Signature of Clinical Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Trainee**

\_\_\_\_\_  
**Date**