**Clinic observations sheet**

**Date: Clinic: Lead Clinician:**

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| **Subjective Assessment** | Document for 3 – 5 patient presentations seen |
| Summarise briefly the history.  Were there any key questions/ responses that stood out for you?  Are there other questions you would like to ask and why? |  |

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| **Objective Assessment** |  |
| Summarise briefly the findings.  What tests did you see?  What was assessed?  If voiced, what was the differential diagnosis?  How were the differentials tested for? |  |

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| **Management Plan and Treatment** |  |
| What happened?  If appropriate, what treatments were performed?  What was the recommendation or plan? |  |

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| **Reflection** |  |
| Give your overall reflection.  If these were your patients what would you do now? |  |

**Clinic observations summary sheet**

**Date: Clinic: Lead Clinician:**

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| Identify 3 key points you have learnt from this clinic to share with peer/educator | |
| **Key point 1** |  |
|  | Details: |
| **Key point 2** |  |
|  | Details: |
| **Key point 3** |  |
|  | Details: |