# Clinical Experience Log Sheet (Oncology and Palliative Care)

Please ask a member of staff to sign the sheet at the end of each activity/experience and to give their designation. Your Undergraduate Clinical Supervisor will sign at the bottom of the form when you have achieved the experiences. If you have any difficulties please discuss with your UCS who will advise you.

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|  | **Clinical Experience** | **Date** | **Signature and Designation** |
| 1 | Oncology Out-patient Clinic(breast or lung or bowel or prostate) |  |  |
| 2 | Other Oncology out-patient clinics(eg head and neck, skin, GTT, ovarian, HPB etc) |  |  |
| 3 | MDT attendance |  |  |
| 4 | Gold Standards Framework (GSF)a: awareness of GSFb: patient visit with district or specialist palliative care nurse |  |  |
| 5 | Chemotherapy Day Care |  |  |
| 6 | Radiotherapy Planning Session and Treatment |  |  |
| 7 | Presentation at teaching sessions |  |  |
| 8 | Referral letter (from GP) |  |  |
| 9 | Case Histories:1 Chemo / radiotherapy2 MDT meeting3 Inpatient4 Living with advanced disease5 Survivorship6 Observed communication |  |  |
| 10 | Hospice/Maggie Centre visit (optional) |  |  |

# Completion of Activities and Experience signed by Undergraduate Clinical Supervisor

Signature: Date: