**INITIAL DATE:**

**MID REVIEW DATE:**

**END OF TERM DATE:**

**NAME: SIGNED:**

**SUPERVISOR: DR SHABNA RAJAPAKSA SIGNED:**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEARNING OBJECTIVES** | | **Action Steps** | **Completed** |
| **CLINICAL** | **Paediatric Resus training/ BLS** |  |  |
|  | **Neonatal BLS** |  |  |
|  | **Resus4kids** |  |  |
|  | **Acute paediatrics** |  |  |
|  | **Acute neonates** |  |  |
|  | **Neonatal examination** | **Observed skill by Paed Reg** |  |
|  | **Child development** |  |  |
|  | **Chronic paediatric conditions** | **Attend minim 6 clinic / 3 months** |  |
|  | **Child protection** |  |  |
|  | **Paediatric prescribing** |  |  |
|  | **BHS intranet modules** |  |  |
|  |  |  |  |
|  |  |  |  |
| **COMMUNICATION** | **Between colleagues** | **Handover; Grand round..** |  |
|  | **Effective handover** |  |  |
|  | **Patient/ parent interactions** |  |  |
|  |  |  |  |
| **PROFESSIONALISM** | **Professional behaviour** |  |  |