**Record of direct activity**

**Suggested log of direct patient contact:**

|  |  |
| --- | --- |
| Name: | Supervisor: |
| Date and timing: | |
| Environment/setting | |
| Presenting condition: | |
| Observations: | |
| Clinical decision and rationale: | |
| Plan/comments:   * Action you might take * Recommendations * General comments | |
| Learned:   * What has been learned * What would you change * Gaps in knowledge identified | |
| Competency achieved? (number): | |
| Signed by:  Supervisor/Student | |