**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  |