|  |
| --- |
|  |
| **Date:** |  | **Presenter(s):** |  |
| **Attendees:** |  |
| **Supervisor/****coordinator:** |  |
| **Client Initials** |  |
| **Issue(s) to be discussed:** |  |
| **Expected Outcome of the Review:** |  |
| **Foundations for practice:** | **Guidelines***specify* | **Research***specify* | **Best Practice***specify* |
|  |  |  |  |
|  |  |  |  |
| **HoNOS/outcome measures** |  |  |  |
| **Issues Presented***summary* |  |
| **Issue** | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
|  | **5** |  |
| **Feedback/****Comments** |  |
|  | **1** |  |
|  | **2** |  |
|  | **3** |  |
|  | **4** |  |
| **Summary** |  |
| **Actions/Plan** | **Responsibility** | **Timeframe** |
|  |  |  |
| **Competencies to be developed** |  |
| **Record completed by:** |  |
| **Follow-up and implementation occurred:** | Yes ⃝ No ⃝ |
| **Person signing off the implementation (name):** | **Designation:** |
|  |  |
| **Signature:** | **Date:** |
|  |  |