|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **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:** | | | |
|  | | | | |  | | | |