

Clinical attachment

Purpose

Use this form to outline your learning objectives, evaluate your experience and apply for PDP hours in the ACRRM Professional Development Program and/ or a Procedural Grant (for registered applicants).

Clinical Attachments Defined

This is a period of attachment in another clinical setting involving hands-on clinical practice with the aim of learning or updating specific skills or areas of knowledge.

Please print clearly and complete all fields

Procedural Grant: Please tick if you wish to claim for this activity under the Rural Procedural Grants Program

Obstetrics:

Surgery:

Anaesthetics:

Emergency Medicine:

Only one component can be claimed per attachment. Must be a minimum of 6hrs excluding breaks.

Name			
ACRRM Member Number		Provider Number	
Name of Supervisor			
Position of Supervisor			
Place of Clinical Attachment (e.g. Hospital, Town, etc)			State:
Dates of Attachment	From		To
Attachment Time in Hours			

Key Learning Areas (Overall areas of knowledge that you want to improve or learn during the clinical attachment):



Specific Learning Objectives (e.g. specific skills/ procedures that you would like to update)

Educational Outcomes (Did this clinical attachment prompt reflection on changes to practice? How will this impact on the service that you provide to your community?)

Evaluation

Did this clinical attachment meet your learning objectives:

Yes, completely

Mainly

Not really

Not at all

Any other comments

Declaration

I hereby certify that the above member has demonstrated a sound level of clinical practice and fully engaged in the clinical attachment process to provide quality assurance and practice improvement in their clinical practice.

Applicants Signature: _____ **Supervisors Signature:** _____

Date:

Date: