



Trainee & Program Details

Training Program

Basic Training AU (Adult) 2025

Training Program Phase *

Foundation

Date of Observation *

12/03/25

Learning Capture Details

Type of Learning *

Clinical experience

Title*

Managing sepsis in a hospital setting

Select the primary learning goal *

10. Knowledge

Learning Capture Details

Description of Activity *

I assisted and observed a senior clinician in the emergency department during the assessment and treatment of a patient presenting with septic shock. I observed the team coordinate urgent investigations, fluid resuscitation and broad-spectrum antibiotics. The case involved close collaboration between emergency staff, ICU outreach and pathology to manage the patient's escalating condition. This experience highlighted how early recognition and structured intervention protocols can influence patient outcomes in time-critical scenarios.

What did you learn? *

I learned how to identify the early clinical signs of sepsis and understood the rationale behind the stepwise approach in the sepsis protocol. I deepened my knowledge of fluid resuscitation targets, the choice of empirical antibiotics and when to escalate to intensive care support. Observing the team's communication and task delegation reinforced the importance of role clarity and time efficiency in emergency settings.

How will you apply this learning in the future? *

I plan to use structured tools like the sepsis checklist and Early Warning Scores to ensure timely recognition of sepsis in future patients. I will stay composed and prioritise interventions logically under pressure, drawing on this experience to guide my clinical decisions. I also intend to contribute proactively to team discussions during emergencies and seek clarification when I'm unsure, to avoid missing key steps in acute care.

Assessor Feedback (optional)

Feedback From *

Dr Lexi Portner

Assessor Role *

Rotation Supervisor

Personal Message

Dear Dr Portner, please review my learning capture assessment on sepsis recognition and management.

Feedback Requested Date

14/03/25

Feedback *

Excellent clinical insight into the sepsis pathway. Good use of checklists under pressure. Next time, consider reflecting more on interprofessional communication. This is a solid example of a Foundation Phase trainee engaging actively in a time-critical clinical scenario. Well done.



Trainee & Program Details

Training Program

Basic Training AU (Paediatrics) 2025

Training Program Phase *

Consolidation

Date of Observation *

21/06/25

Learning Capture Details

Type of Learning *

Other learning experiences

Please specify other learning experiences *

Meeting

Title*

Palliative care in advanced heart failure

Select the primary learning goal *

10. Knowledge

Learning Capture Details

Description of Activity *

I attended a multidisciplinary team meeting that focused on the care of a young patient with complex congenital heart disease approaching end-stage heart failure. The discussion included the patient's clinical trajectory, options for advanced therapies and the family's psychosocial needs. Specialists from cardiology, palliative care, social work and psychology contributed to the conversation. The team explored how to balance life-prolonging treatment with comfort-focused care and how to support the patient's parents through difficult decisions. This setting gave me insight into the depth of planning required to deliver holistic, family-centred care in paediatrics.

What did you learn? *

I gained a deeper understanding of how palliative care can be integrated early alongside curative treatment in children with chronic, life-limiting conditions. I learned how to approach conversations about prognosis and treatment goals with sensitivity, especially when parents may feel overwhelmed or hopeful for unlikely outcomes. The meeting highlighted the importance of shared decision-making and tailoring care to the child's and family's values and needs.

How will you apply this learning in the future? *

I will proactively consider when palliative care input may be appropriate for patients with complex needs, even outside of end-of-life scenarios. In future discussions with families, I will aim to communicate clearly, offer space for questions and ensure that the child's comfort and quality of life are part of the decision-making process. I'll also seek input from allied health professionals and palliative care colleagues early to build a collaborative, family-centred plan.

Assessor Feedback (optional)

Feedback From *

Dr Matthew Zolb

Assessor Role *

Education Supervisor

Personal Message

Dear Dr Zolb, I'd appreciate your feedback on my reflection about paediatric palliative care involvement.

Feedback Requested Date

28/06/25

Feedback *

You've shown a really solid understanding of how and when to involve palliative care, and your empathy really comes through in the way you described the case. I think this is a great example of thoughtful, compassionate practice. If you wanted to strengthen it even further, you could add a few more details about your interactions with the patient and family - what you said, how they responded, or how it shaped your thinking. Overall, this is a mature and sensitive reflection, very appropriate for someone at your stage of training.



Trainee & Program Details

Training Program

Nephrology (Adult) 2025

Training Program Phase *

Specialty foundation

Date of Observation *

29/03/25

Learning Capture Details

Type of Learning *

Reading and resources

Title*

Managing Hyperphosphatemia in Chronic Kidney Disease - Insights from KDIGO 2017 Guidelines

Select the primary learning goal *

18. Chronic kidney disease

Learning Capture Details

Description of Activity *

I engaged in a self-directed learning session focusing on the management of hyperphosphatemia in patients with chronic kidney disease (CKD). This involved a thorough review of the KDIGO 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention and Treatment of CKD-Mineral and Bone Disorder (CKD-MBD). To contextualise the guidelines, I discussed a complex case with a supervising nephrologist, examining the challenges of phosphate control in a patient undergoing maintenance haemodialysis. This combination of guideline review and case discussion enhanced my understanding of evidence-based practices in managing mineral and bone disorders in CKD.

What did you learn? *

I deepened my knowledge of the indications for initiating phosphate-lowering therapy and the considerations for selecting appropriate phosphate binders, particularly the recommendation to limit calcium-based binders in certain clinical scenarios. I also learned about the importance of dietary phosphate restriction and the role of patient education in achieving treatment adherence. The case discussion highlighted the need to tailor treatment plans based on individual patient factors, including comorbidities and laboratory trends.

How will you apply this learning in the future? *

I plan to integrate these guidelines into my clinical practice by carefully evaluating the risks and benefits of phosphate binder choices, considering factors such as vascular calcification and serum calcium levels. I will collaborate with dietitians to provide comprehensive dietary counselling to patients and monitor phosphate levels regularly to assess treatment efficacy. Additionally, I will engage in multidisciplinary discussions to ensure individualised patient care and stay updated with emerging evidence to inform my clinical decisions.

Assessor Feedback (optional)

Feedback From *

Dr Michael Zhang

Assessor Role *

Supervisor

Personal Message

Dear Dr Zhang, could you please provide feedback on my learning capture related to CKD phosphate management?

Feedback Requested Date

29/03/25

Feedback *

You've demonstrated a really clear grasp of the guidelines and I liked how you connected them directly to clinical decision making. It shows you are thinking practically rather than just academically. Your use of evidence was strong and well integrated throughout. One suggestion would be to reflect a little on the limitations of the current guidance or where it might not fully apply. Doing so could help deepen your critical thinking even further. Overall this is a very solid piece of work for a trainee at your level.



Trainee & Program Details

Training Program

Gastroenterology (Paediatrics) 2025

Training Program Phase *

Specialty foundation

Date of Observation *

12/03/25

Learning Capture Details

Type of Learning *

Reading and resources

Title*

Diagnosis and management of phenylketonuria (PKU) in adults: NICE Clinical Guideline NG80

Select the primary learning goal *

21. Nutrition

Learning Capture Details

Description of Activity *

I studied the NICE Clinical Guidelines NG80 titled Phenylketonuria: Diagnosis and Management to build foundational knowledge relevant to inherited metabolic conditions that persist into adolescence and adulthood. This reading was completed during protected teaching time and supplemented by a clinical case presentation from a metabolic team registrar. The guideline offered a structured overview of dietary, pharmacological and psychosocial aspects of PKU management, particularly the transition of care from paediatric to adult services. Engaging with both the resource and case discussion helped me understand the broader implications of long-term condition management in paediatric gastroenterology.

What did you learn? *

I learned about the rationale for maintaining a low-phenylalanine diet into adulthood to prevent neurological complications and the importance of regular blood phenylalanine monitoring. The guideline also introduced therapeutic options such as sapropterin and large neutral amino acids and highlighted the challenges of adherence during adolescence. Through the case presentation, I also developed an appreciation for the emotional and behavioural impacts of dietary therapy on young adults and their families.

How will you apply this learning in the future? *

I will draw on this knowledge when supporting patients and families during the transition from paediatric to adult care, particularly in cases involving long-term dietary therapies. I plan to ask targeted questions during consultations to explore adherence and psychosocial impacts and to escalate to specialist teams when required. In multidisciplinary discussions, I will contribute more confidently to decisions about when to introduce or review adjunct therapies in young people with inherited metabolic conditions.

Assessor Feedback (optional)

Feedback From *

Dr Syrah Menon

Assessor Role *

Supervisor

Personal Message

Dear Dr Menon, I would be grateful if you could review my summary of PKU management from the NICE guideline.

Feedback Requested Date

14/03/25

Feedback *

You've explained the management of PKU clearly and your summary shows a good understanding of both the guideline and how it applies in practice. The link to the case presentation was helpful in bringing the learning to life. To improve it further you might reflect on some of the real-world challenges patients face in sticking to these treatments. This is a thoughtful and well written reflection for the Foundation Phase.



Trainee & Program Details

Training Program

Cardiology (Adult) 2025

Training Program Phase *

Specialty consolidation

Date of Observation *

18/03/25

Learning Capture Details

Type of Learning *

Courses and workshops

Title*

Advanced ECG interpretation in ischaemic and inherited cardiac conditions: Cardiac Society of Australia and New Zealand (CSANZ) Workshop

Select the primary learning goal *

9. Procedures

Learning Capture Details

Description of Activity *

I attended a two-day advanced ECG interpretation workshop hosted by the Cardiac Society of Australia and New Zealand. The course focused on nuanced ECG changes in complex cardiac conditions, including posterior myocardial infarction, Brugada syndrome and long QT syndrome. It included interactive case studies, lectures from electrophysiologists and real time analysis of ECGs from challenging cases. The sessions emphasised recognising subtle but clinically significant patterns and understanding the implications for urgent management or further testing. This formal learning opportunity helped consolidate my diagnostic skills as I take on greater clinical responsibility.

What did you learn? *

I learned how to differentiate between normal variants and pathologic changes in the context of inherited and ischaemic conditions. I gained confidence in identifying high-risk features that require urgent cardiology referral or electrophysiological studies, such as ST-elevation equivalents and pre-excitation patterns. I also better understood how ECG findings integrate with clinical context, cardiac imaging and patient history to guide comprehensive management decisions.

How will you apply this learning in the future? *

I will apply this learning by taking a lead role in interpreting ECGs during ward rounds, particularly in acute coronary syndrome or syncope presentations. I plan to teach junior staff and medical students using clinical examples and will continue to seek feedback from senior colleagues when managing ambiguous cases. When assessing patients in chest pain or arrhythmia clinics, I'll integrate ECG interpretation into a broader risk assessment to guide further investigations and treatment pathways.

Assessor Feedback (optional)

Feedback From *

Dr Thomas Gallagher

Assessor Role *

Supervisor

Personal Message

Dear Dr Gallagher, I've uploaded a reflection on the ECG interpretation workshop. Your feedback would be appreciated.

Feedback Requested Date

19/03/25

Feedback *

You have shown a strong understanding of complex ECG findings and it is great to see you thinking ahead about how you will apply this in your clinical work. Your next steps are practical and show initiative. Just keep in mind the value of reviewing ECGs independently to keep developing your confidence. This is a great example of learning at the Consolidation Phase.



Trainee & Program Details

Training Program

Geriatric Medicine (Adult) 2025

Training Program Phase *

Specialty foundation

Date of Observation *

22/04/25

Learning Capture Details

Type of Learning *

Personal reflections

Title*

Balancing risk and independence in discharge planning for older adults

Select the primary learning goal *

1. Professional behaviours

Learning Capture Details

Description of Activity *

During my geriatrics rotation, I reflected on the discharge planning process for an 86-year-old patient recovering from a fall. Although medically stable, she was keen to return home alone, despite identified risks including recurrent falls and limited support. The multidisciplinary team raised valid concerns about her safety, but she was adamant about preserving her independence. I was involved in discussions with the patient and her family, as well as team meetings exploring potential supports like community nursing and home modifications. This case prompted me to think critically about how to balance clinical judgement with respect for patient autonomy.

What did you learn? *

I learned that ethical and professional behaviour requires us to honour a patient's right to make informed decisions, even when those decisions carry risk. I saw how effective communication, especially with patients and families under stress, is essential to shared decision-making. The experience also helped me understand the importance of collaborating with the broader healthcare team and using sound judgement in complex discharge planning scenarios.

How will you apply this learning in the future? *

I will approach discharge planning with a patient-centred mindset, ensuring that I assess not just clinical readiness but the patient's values, goals, and functional capacity. I plan to practise open, respectful communication and use shared decision-making principles to explore care options. I will also involve allied health professionals early, recognising the role of leadership, teamwork, and systems advocacy in supporting safe transitions of care. This experience reinforced how ethics, communication, and decision-making intersect in everyday geriatrics practice.

Assessor Feedback (optional)

Feedback From *

Dr Lucia De Rossi

Assessor Role *

Supervisor

Personal Message

Dear Dr De Rossi, please review my reflection on a complex discharge planning case from my geriatrics rotation.

Feedback Requested Date

22/04/25

Feedback *

This is a thoughtful and well balanced reflection. You clearly put the patient at the centre of the plan while considering the views of the team. You could build on this by adding more about how you communicated or negotiated with others in the team. You are showing the kind of ethical awareness and professionalism we expect in the Foundation Phase of specialty training.



Trainee & Program Details

Training Program

Paediatric Cardiology (Paediatrics) 2025

Training Program Phase *

Specialty foundation

Date of Observation *

25/08/25

Learning Capture Details

Type of Learning *

Courses and workshops

Title*

Congenital heart disease imaging: Paediatric Cardiac Imaging Workshop (HeartKids/Royal Children's Hospital)

Select the primary learning goal *

15. Structural heart disease, including valvular and congenital heart disease

Learning Capture Details

Description of Activity *

I attended a full-day workshop on congenital heart disease imaging, delivered by paediatric cardiologists and imaging specialists from the Royal Children's Hospital in collaboration with HeartKids. The sessions covered the interpretation of transthoracic echocardiograms, CT and cardiac MRI in common and complex congenital conditions. Using case-based discussions and imaging walkthroughs, the facilitators demonstrated how anatomy, physiology and imaging findings come together to inform diagnosis and surgical planning. This workshop was my first exposure to reviewing advanced congenital imaging in a structured and interactive format.

What did you learn? *

I developed a better understanding of how to interpret imaging findings in conditions such as Tetralogy of Fallot, single ventricle physiology and transposition of the great arteries. I learned how different modalities provide complementary information - particularly how MRI helps assess right ventricular function and vascular anatomy pre- and post-operatively. I also gained an appreciation of how imaging informs discussions in multidisciplinary surgical conferences and guides timing of intervention.

How will you apply this learning in the future? *

I plan to review echocardiograms more confidently during ward rounds and clinic, and to ask targeted questions when discussing imaging with senior cardiologists or radiologists. I will apply this knowledge when preparing patients for case presentations or heart team meetings and will continue building this skill by reviewing archived imaging and correlating it with operative notes. This learning has helped me understand the critical role imaging plays in paediatric cardiology and where I can contribute as a junior team member.

Assessor Feedback (optional)

Feedback From *

Dr Henry Okeke

Assessor Role *

Supervisor

Personal Message

Dear Dr Okeke, I'd value your thoughts on my recent learning capture about congenital heart disease imaging.

Feedback Requested Date

26/08/25

Feedback *

You have chosen relevant and interesting cases and it is clear that you are building confidence in interpreting congenital cardiac imaging. I liked how you explained what each modality added to the overall picture. You could add one or two ways you plan to follow this up or continue developing the skill outside of formal teaching. This is a strong entry for a Foundation Phase trainee in paediatric cardiology.



Trainee & Program Details

Training Program

Rehabilitation Medicine (Adult) 2025

Training Program Phase *

Specialty consolidation

Date of Observation *

12/07/25

Learning Capture Details

Type of Learning *

Clinical experiences

Title*

Interdisciplinary cognitive rehabilitation after stroke in an inpatient setting

Select the primary learning goal *

1. Professional behaviours

Learning Capture Details

Description of Activity *

During my inpatient rehabilitation term, I was involved in the care of a patient with post-stroke cognitive impairment and expressive aphasia. I worked closely with the speech pathologist, occupational therapist and neuropsychologist to create a tailored cognitive rehabilitation plan. The team developed structured activities to improve attention, memory and communication skills, while supporting the patient's emotional adjustment to functional loss. This experience took place over several weeks and provided the opportunity to observe how different disciplines contribute to recovery through consistent, goal-oriented therapy.

What did you learn? *

I learned how to assess cognitive impairments in the context of stroke rehabilitation and how to interpret neuropsychology findings to guide treatment plans. I gained a deeper understanding of how to structure rehabilitation goals using SMART principles and how different therapy modalities support cognitive and emotional recovery. This experience also reinforced the importance of continuity and consistency across team members to maximise patient engagement and outcomes.

How will you apply this learning in the future? *

I will use this experience to take a more proactive role in setting interdisciplinary rehabilitation goals and ensuring alignment across the care team. I plan to contribute more confidently to case conferences by synthesising input from allied health into a clear, coordinated management plan. I will also advocate for early cognitive screening and family involvement in goal-setting, recognising how these elements support person-centred rehabilitation.

Assessor Feedback (optional)

Feedback From *

Dr Xanthe Rahman

Assessor Role *

Supervisor

Personal Message

Dear Dr Rahman, I'd be grateful if you could provide feedback on my experience supporting post-stroke rehab planning.

Feedback Requested Date

14/07/25

Feedback *

This is a well thought out reflection on how different team members contribute to stroke rehabilitation. You clearly understood your role and the importance of working together to support the patient. To take it further you could describe how you saw the patient respond or improve during therapy. Overall this is a great example of learning at the Consolidation Phase level.