

Queensland Opioid Treatment Program Supervised Clinical Attachment (SCA) Tool

Insight Queensland

TDAI				
12/1		 111	. /\	
TRAI	IV	 ν_{L}		LJ

Full name of				
	f trainee			
Email				
lease indicate	when the trainee und	dertook training:		
Start time		Finish time		Date
UPERVISIO	ON DETAILS			
is recomme	ended that each sup-	ervisor complete separa	ate supervisor	report forms.
Full name of	f supervisor			
Credentials				
Email				
LACEMEN	T DETAILS			
Name of clir				
Activity sum	nmary			
Activity sum Describe the I		nd the format e.g. case stu	ıdies/discussion,	/role plays
ESSION SU	JMMARY efly describe patient s	een today (do not include	patient names)	
Describe the I	JMMARY	een today (do not include	patient names)	ning points/management
ESSION SUPatient 1: Brid	JMMARY efly describe patient s	een today (do not include	patient names)	
ESSION SU	JMMARY efly describe patient s	een today (do not include	patient names)	
ESSION SUPERIOR TO SERVICE SER	JMMARY efly describe patient s Key features of th	een today (do not include	patient names) Key learr	
ESSION SUPERIOR TO SERVICE SER	JMMARY efly describe patient s Key features of th	een today (do not include ne presentation een today (do not include	patient names) Key learr patient names)	
ESSION SUPERIOR TO SERVICE STATES AND SERVICE STATE	JMMARY efly describe patient s Key features of the	een today (do not include ne presentation een today (do not include	patient names) Key learr patient names)	ning points/management
ESSION SUPatient 1: Brid	JMMARY efly describe patient s	een today (do not include	patient names)	

This form is not for distribution.

Patient 3: Briefly describe patient seen today (do not include patient names)							
Age	Key features of the presentation	Key learning points/n	Key learning points/management				
Sex							
Patient 4: Brie	fly describe patient seen today (do not inclu	ude patient names)					
Age	Key features of the presentation	Key learning points/n	Key learning points/management				
Sex							
Patient 5: Brie	fly describe patient seen today (do not inclu	ude patient names)					
Age	Key features of the presentation	Key learning points/n	Key learning points/management				
Sex							
SUPERVISOR							
Name of supervisor							
I have discussed and completed this assessment with the trainee on: Date							
Supervisor si	gnature		Date				
Submission process							
Please ensure you have saved a copy for your records and email an electronically saved, or clearly scanned copy to the email account below (photos will not be accepted). Supervisors must be copied into the submission email for their records. QOTP@health.qld.gov.au							
Enquiries							
In relation to your QOTP approval: Medicines Approvals and Regulation Unit QOTP@health.qld.gov.au		In relation to online courses or issues with your certificate of completion: Insight Queensland Phone: 07 3837 5655 Email: insight@health.qld.gov.au					

Please login to QScript to view the outcome of an application for QOTP prescribing approval.