

**Part I: Filled by the MI (for each case)**

**Patient serial # (In the logbook):**

**Hospital/PHC unit record #:**

<b>Seen at:</b>	<b>Outpatient</b>	<b>Inpatient</b>	<b>ER</b>	<b>Other (specify)</b>
<b>Date:</b>	20/08/2025			
<b>Age &amp; Gender:</b>	58x old male			
<b>Main theme of the case</b>	Htn with CKD and albuminuria			

**Case Summary:**

58 year old man with hypertension and CKD (eGFR 55; UACR 180 mg/g)  
Switched to ACE inhibitor priority; plan add thiazide if needed Counselled  
target less than 130/80, salt restriction, weight loss and check  
potassium/creatinine in one week; fundus exam referral

**Self-reflection:** kidney protective choice; monitoring plan; clear targets

**What did I do right?**

Dietary depth; lab timing clarity

**What needs more development? Plan**

**for further development**

Dietitian referral script  
lab reminder macros planning list

<b>EPA:(check the appropriate boxes)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>

**Signature of the MI**

**Part 2: To be filled by the trainer for each case**

EPA tested	Rubric	Strength points	Points needing improvement
1	C	renal history	diet details
3	C	UACR monitor	Timing list
4	C	ACE treatment	target setting
10	C	chronic plan	referral criteria

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	Trainer's signature