Deanery - Record of OOH training session

(2013 Version for East Midlands Deanery)

OOH training provider: ………………………………….

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| **Type of session (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre):** |
| **Date of session**: |
| **Time of session:****Length** (hours): | **Total hours completed to date (including this session):** |
| **Type of cases seen and significant events** |
| **Learning areas and needs identified (to be discussed with GP Trainer):** |  **OOH Competencies contributed to**: (please circle)*1. Managing emergencies**2. Organisation of OOH Care**3. Appropriate referrals**4. Communication skills – patients/ other professionals**5. Time management/ personal stress management**6. Personal security and safety and other staff* |
| Debriefing notes from Clinical Supervisor |
|  Progress towards competency in independent out of hours General Practice:  **Red**/ **Amber**/ **Green**Comments:   |
| **OOH Supervisor: Name**: Contact details:(phone/email): |
| **Signature of OOH Supervisor**: Date:  |
| **Signature of GP Registrar**: GPR Name(CAPITALS): Year of Training(please circle): ST1 / ST2/ ST3 |