The Scotland Deanery – OOH Feedback Form

**GPST Name:**

**GP ES Name:**

**Contact Details for Practice:**

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| --- | --- | --- |
| **Curriculum Headings Chosen:** | | |
| **Date of session:** | **Time: Daytime 🞎 Evening 🞎 Overnight 🞎**  **Weekday 🞎 Weekend 🞎** | |
| **Session activities: (Tick all that apply)**  **Primary Care Centre 🞎 Visiting Doctor 🞎 Telephone Triage 🞎**  **Minor Injuries Centre 🞎 Other:** | | |
| **Name of Supervising Clinician:** | | |
| **Level of supervision:**  **All patients reviewed by Supervising Clinician or joint consulting 🞎**  **Close supervision, case management discussed when required 🞎**  **Mainly consulting independently with end debrief 🞎**  **Remote (telephone) supervision 🞎** | | |
| **Debriefing notes from Supervising Clinician:**  **Signature of Clinical Supervisor ………………………….. Date ……………..** | | |
| **Communication Box: Educational Supervisor <> Supervising Clinician** | | |
| **Cumulative OOH completed by the end of this session:** | |  |
| **What did you learn?**  **Include relevant cases seen and/or significant events (these may or may not be medical) and what you learned from these.**  **State which of the 6 OOH Competencies have been demonstrated (see below).** | | |
| **What will you do differently in future?** | | |
| **What future learning needs did you identify?** | | |
| **How will you address these?** | | |

**The Six Key Competencies for Out of Hours Care:**

1. Ability to manage common medical, surgical, psychiatric and social emergencies.
2. Understanding the organisational aspects of NHS Out of Hours care, nationally and at local level.
3. The ability to make appropriate referral to hospitals and other professionals.
4. The demonstration of communication and consultation skills required for Out of Hours care.
5. Individual personal time and stress management.
6. Maintenance of personal security and awareness and management of security risks to others.