The Scotland Deanery – OOH Feedback Form

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| **Your Name:****Name of GP Educational Supervisor:** |
| **Date of session:****Weekday 🞎 Weekend 🞎** | **Start Time:** **Finish Time:****Total Hours:**  |
| **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 🞎****Any Concerns regarding the level of supervision required: Yes/No****(No indicates that the trainee sought the appropriate level of supervision)** |
| **Brief Summary of Cases Seen this session:** |
| **Debriefing notes from Supervising Clinician (For GP trainee and GP ES):****What went well:****Learning Needs identified:****Signature of OOH Supervising Clinician Date**  |
| **Cumulative OOH completed by the end of this session:** |  |