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:** | |  |