

GP Registrar Name: \_\_\_\_\_

### 3. Record of OOH session

<b>Type of session</b> (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre)				
<b>Date of session:</b>				
<b>Time of session and length (hours):</b>				
<b>Type of cases seen and significant events</b>				
<b>Competencies demonstrated (see below)</b>				
<b>Learning areas and needs identified (to be discussed with GP Trainer)</b>				
<b>Debriefing notes from Clinical Supervisor</b>				
<b>Name of Clinical Supervisor</b> _____				
<b>Signature of Clinical Supervisor</b> _____				
<b>Signature of GP Registrar</b>				
<b>Competences of OOH Care</b>				
<b>1. Ability to manage common emergencies</b>	<b>2. Understand the organisation of OOH care</b>	<b>3. Ability to make appropriate referrals</b>	<b>4. Demonstrate communication skills required</b>	<b>5. Time and stress management</b>