

## Visit Despatcher Handbook

**Name of Employee:** \_\_\_\_\_

**Date of Training:** \_\_\_\_\_  
**Trainers Name:** \_\_\_\_\_

This booklet should be taken to every training session. It is the trainees responsibility to ensure the booklet is completed in readiness for the reviews that take place.

Once the trainee is signed off the booklet should be stored in the training file.

Edition  
2016

## Contents

Visit Despatcher Training programme .....	3
Competences Sign off Sheet.....	4
Feedback & Actions .....	5
Feedback & Actions .....	6
Feedback & Actions .....	7
Feedback & Actions .....	8
Feedback & Actions .....	9
Reflective Practice .....	10
Reflective Practice .....	11
Reflective Practice .....	12
Version Control.....	13

## Visit Despatcher Training programme

Cumulative	Content	Duration
	Introductory session - Visit Despatching	4 hours induction
4	Basics 1: Shadow Session	4 hours
6	Basics 2: Call centre basics	4 hours ( 2 hours classroom based)
14	Visit Despatching	8 hours
16	Basics 3: PCC status / reallocations	4 hours ( 2 hours classroom based)
28	Visit Despatching	12 hours
	Intermediate review	
44	Visit Despatching	16 hours
	Final session	4 hours

**The following table should be completed at every training session until you are signed off.**

Session	Date	Time	Trainer	Attended		Trainer Sign	Trainee Sign
				Yes	No		
Introductory				Yes	No		
Shadow				Yes	No		
1				Yes	No		
2				Yes	No		
3				Yes	No		
4				Yes	No		
5				Yes	No		
6				Yes	No		
7				Yes	No		
8				Yes	No		
9				Yes	No		
10				Yes	No		

**The number of sessions you have to do will be dependent on the number of hours you complete in a session and the outcome your review.**

Review Date	Carried out by:	Comments:

Signed off by: Print \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

## Competences Sign off Sheet

Competency	Date completed	Trainee signature	Trainer signature
Checking the rotas			
How to complete Dispatcher sheet			
Aware of visit priorities			
How to assess dispatching screen and prioritise visits			
How to transmit to appropriate vehicle.			
Use of map			
Aware of the importance of confirming the receipt of visits			
Failed transmissions			
How to pass calls verbally			
Where to find the prescribing number			
Importance of keeping in contact with the drivers			
Recording clinicians arrival time in <i>Enter Case Details</i>			
How to liaise with the Team Leader /keeping aware of the situation at the T/Cs			
Handover at the end of shift			

## Feedback & Actions

*To be completed by the Reviewer /Trainer regarding performance, progress, knowledge & understanding after each session. Please ensure you discuss your feedback with the Trainee.*

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

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Trainees Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Reflective Practice

Describe briefly a recent significant experience in your professional life:

What did you do ...

... and why?

What went well ...

... and what could have been better if anything?

What would you do differently, If  
Anything, if faced with a similar situation  
again?

How did you feel during the experience?

Describe what you learnt from this experience(learning outcome)

What is your action plan from this incident, if anything?

Name of reflector:

Name of reviewer (if used):

Date:

I can use this evidence for: Portfolio /CPD / other\*  
(\*Delete/Indicate as appropriate)

***Please complete after each training session and keep in your pack ready for your review.***

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(\*Delete/Indicate as appropriate)

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## Reflective Practice

***This is the last copy. If you require more please photocopy.***

Describe briefly a recent significant experience in your professional life:

What did you do ...

... and why?

What went well ...

... and what could have been better if anything?

What would you do differently, If  
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## Version Control

<b>DATE</b>	<b>CHANGE</b>	<b>CHANGED BY</b>
01/02/2015	Original Version	CY
06/04/2016	Feedback/Training Program and log added	CY