BADGER GP VTS TRAINEE OUT OF HOURS SESSION RECORD							
GP Trainee							
		Name	GMC No				
Session tim	ning		Start time				
		Date					
Consists to the second		Talankana	Finish time				
Session type and		Telephone PCC	Location				
location (tick)		Home visit	Location				
Completed OOH training		At start of session	At end of session				
(hours)		The start of sossion	7 tt ond or obsolon				
Clinical supervisor		Print					
		Name	Signature				
		LEADNING NOTES	_				
Adastra	Competence	LEARNING NOTES – for comp	Notes				
Adastra No	Competency (see		140/62				
110	workbook)						
	-						
Learning ne	eds identified	this session (for discussion w	ith Educational Supervisor)				
Learning ne	cus identifica	tilis session (for discussion w	itii Eudeational Supervisor)				

BADGER GP VTS C	LINICAL SUF	PERVISOR FE	EDBACK FO	ORM	
Clinical Supervisor completing form	Name Signature				
Trainee name & GMC no.	Name		GMC No		
Session Details	Centre Date Please circle your preference				
	Strongly disagree	Disagree	Agree	Strongly agree	
Punctual, appropriately dressed	1	2	3	4	
<ul> <li>Competent in Patient care management</li> </ul>	1	2	3	4	
<ul> <li>Competent in Clinical Documentation</li> </ul>	1	2	3	4	
<ul> <li>Identifies Learning Needs</li> </ul>	1	2	3	4	
Addresses Pre-existing needs	1	2	3	4	
Competent in prescribing	1	2	3	4	
Uses evidence base in decision making	1	2	3	4	
Areas of concern  Comments					

Confidential Clinical Supervis	ion: GPR	s Feedba	ck Form	)	
Centre/ Session type		/			
Date/ Time					
Clinical Supervisor					
·	ı	Please circle yo	our preferenc	е	
	Strongly Disagree	Disagree	Agree	Strongly Agree	
Introduction					
My Clinical Supervisor:					
<ul> <li>Adequately explained / confirmed my understanding of Adastra system</li> </ul>	1	2	3	4	
<ul> <li>Discussed the completion of the GP Registrar sessional form</li> </ul>	1	2	3	4	
Made me feel welcome	1	2	3	4	
Supervision throughout shift					
My Clinical Supervisor:					
Responded quickly to my requests for advice/ support	1	2	3	4	
<ul> <li>Gave me helpful advice and support when needed</li> </ul>	1	2	3	4	
<ul> <li>Was learner – centered in approach to supervision</li> </ul>	1	2	3	4	
<ul> <li>Gave me useful structured feedback on my performance</li> </ul>	1	2	3	4	
<ul> <li>Gave me an appropriate level of supervision for the type of shift undertaken</li> </ul>	1	2	3	4	
Increased my confidence in my OOH work	1	2	3	4	
Completion of shift					
My clinical Supervisor:					
<ul> <li>Made time to discuss the session with myself</li> </ul>	1	2	3	4	
Gave me useful overall feedback on my performance	1	2	3	4	
Adequately checked my completion of the sessional forms	1	2	3	4	
Encouraged me to reflect on the experience	1	2	3	4	
Helped me to identify any learning needs	1	2	3	4	
<ul> <li>Highlighted any areas of concerns/ issues for discussion with my trainer</li> </ul>	1	2	3	4	
Please return to Dr. Vijaya: Associate Medical director					