



# GENERAL PRACTICE

NORTHERN IRELAND

## RECORD OF SESSION FORM – OUT OF HOURS

*(Please ensure you upload this RoS form to your Learning Log on ePortfolio)*

Name of GP Trainee: <b>Dr Any Body</b>	ST2 <input checked="" type="checkbox"/> or ST3 <input type="checkbox"/>
Session number: <b>2</b>	Date of session: <b>DD/MM/YYYY</b>
Out of Hours Centre: <b>Dalriada - Ballymena</b>	Total hours worked this session: <b>5</b>
Please circle appropriate: <b>Evening</b> / Weekend / Red Eye / Bank Holiday	
Please indicate category: GP Trainer <input type="checkbox"/> OOH Clinical Supervisor <input checked="" type="checkbox"/>	
Type of cases seen & significant events:	
Competencies Demonstrated (please relate to OOH curriculum areas 1-6), and grade R A G:  Managing common medical, surgical and psychiatric emergencies Knowledge of clinical conditions Knowledge of symptoms Basic Life support Understanding organisational aspects of clinical care Making appropriate referrals to hospital/ other health professionals Demonstrating communication skills for OOH care Individual personal time and stress management/ problem solving and triage skills/ prioritising management of presentations	



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**Learning areas and needs identified (to be discussed with trainer):**

**Follow up action taken re learning needs (to be added to copy prior to next session in OOH):**

**Debriefing Notes from Clinical Supervisor:**

Name of OOH Clinical Supervisor (PLEASE PRINT) : DR JOE BLOGGS

Signature of OOH Clinical Supervisor: \_\_\_\_\_