## Urgent and Unscheduled Care Session Record

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| **Organisation………………………………….……….…Location……..…....……………****Type of Session** (Please circle) **Observational Direct Near Remote** |
| **Trainee Name Date of session Start Time Finish time****Name of OOH Trainer..……………………………………….Email ………………………………………** **Phone……………………….** |
| **Notes on the session** (activities undertaken, cases seen, organisational structure) |
| **Significant learning points/Capabilities Demonstrated** (how will this session help you deliver UUC including ‘Out of Hours’?) |
| **Reflection, including future training needs identified from this session** (what will you do differently as a result of this session?) |
| **OOH Clinical Supervisor Comments**

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| **Relevant Capability** (please indicate with X as appropriate) |  |
| **Knowing yourself and relating to others** |  |
| **Applying Clinical Knowledge and Skill** |  |
| **Managing complex and long-term care** |  |
| **Working well in organisations and systems of care** |  |
| **Caring for the whole person and the wider community** |  |

**I confirm that this represents an appropriate record of this UUC session****Signature of OOH CS ………………………….. Date ……………..****Name......................................................** **Email or mobile.................................................** |
| **Educational/Clinical Supervisor Comments** (and suggested PDP entry)**I confirm that this represents evidence towards demonstrating UUC capabilities****Signature of ES……………………….. Date…………………….** |