**UUC Session Record**

Scan into e-portfolio for each session attended and attach to a Learning Log entry about this UUC/OOH session

**If this session was observational, please fill the observational record sheet**

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| **Organisation** | Click or tap here to enter text. | **Location**  | Click or tap here to enter text. |
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| **Trainee name** | **Date of Session** | **Start Time** | **Finish Time** | **Duration** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Signature** |  |
|  |  |  | **Running total** | Click or tap here to enter text. |
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| **Level of Supervision prior to this session** | **Telephone:**  | **Face to Face** | **Home Visits** |
| Choose an item. | Choose an item. | Choose an item. |

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| **Cases seen this session**  | Type | Records | Supervision |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| **Significant learning points and competencies demonstrated**Click or tap here to enter text. |
| **Learning area and needs identified from this session**Click or tap here to enter text. |
| **Clinical Supervisor’s Summary for this session**Click or tap here to enter text. |
| **Any concerns re. the level of supervision required**[‘No’ indicates that you felt the trainee sought the appropriate level of supervision, if ‘Yes’ please provide details above or liaise directly with the trainee’s GP trainer] | Click or tap here to enter text. |
| **I confirm that this represents an appropriate record of this observational session** |
| **Signature of Session Host** |  | **Date** | Click or tap to enter a date. |
| **Name** | Click or tap here to enter text. | **Email or Mobile** | Click or tap here to enter text. |

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| **SUPERVISION LEVEL** |
| **Observational session RED** | Trainees do not assume any responsibility for the management of patients / clients of the service |
| **Direct Supervision RED** | The trainee does not take final clinical responsibility for any patient: this rests with the clinical supervisor |
| **Near Supervision AMBER** | The GP trainee consults independently but with timely access to a nominated clinical supervisor who can directly assess the patient in person |
| **Remote Supervision GREEN** | The GP trainee consults independently but can access help and advice promptly from a nominated clinical supervisor via telephone or another appropriate interface (Clinical Supervisor does not have to be physically remote for a trainee to be working at Green but they can be and trainee would competent for them to be so) |

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| **URGENT AND UNSCHEDULED CARE SETTINGS** |
| **Practiced based**  | With full access to primary care records and patients likely to be known to members of the primary health care team. Full daytime services available. |
| **Not practice based but with access to primary care records** | For example, Urgent Care Centre with access to GP clinical system or Summary Care Records. Full daytime services or more limited out of hours services available depending on the time of day. |
| **Not practice based with limited or no access to primary care records** | and limited out of hours services available for example Out of Hours provider. Access to primary care records in OOH is developing all the time but there will still be some situations where there is no access to records. |

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| **CONSULTATION TYPE** |
| **Telephone**  | Triage and complete assessment and management. |
| **Face to Face**  | For example, Urgent Care Centre with access to GP clinical system or Summary Care Records. Full daytime services or more limited out of hours services available depending on the time of day. |
| **Home Visit** | and limited out of hours services available for example Out of Hours provider. Access to primary care records in OOH is developing all the time but there will still be some situations where there is no access to records. |