

OOH Session Log Sheet

Type of session: base doctor, telephone triage, mobile doctor, other-describe	
Level of Supervision: Red; Amber; Green	
Trainee:	Clinical Supervisor:
Date of session:	Time of session and length (hours):
Type of cases seen and significant events	
Competencies demonstrated (please relate to OOH assessment scale)	
Learning areas and needs identified (to be discussed with trainer)	
Debriefing notes from Clinical Supervisor	
Signature of Clinical Supervisor	Signature of GP Registrar: