

OOH Shift Feedback Form

GPSTR Name

OOH Supervisor Name

Date

Length of shift (hours)

Session type: PCC Car Telephone triage

In order to help improve training and provide feedback to your supervisor, please fill in the following sections – and **please be honest!** If you would prefer to contact us at EBPCOOH directly about your OOHs shift, or raise any concerns, please email sajid.ali@nhs.net. Please give the feedback form to the receptionist to return back to our Headquarter.

1. How would you overall rate your OOHs session?

Very poor	Poor	Average	Good	Excellent

2. How would you rate your supervision from your OOH Supervisor?

Very poor	Poor	Average	Good	Excellent

3. Did you feel supported during the session and appropriately supervised?

Not at all	Not really	Neither	Yes, somewhat	Yes, definitely

4. What went well?

5. What could be done better next time?

6. Would you book another session with the trainer?

No way	Probably not	Not sure	Yes, maybe	Yes, definitely