**Debrief Record Sheet**

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| **ACP (Primary Care Nurse) Name:** |  |
| **Debrief Leader:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| Issues discussed/arising from seeing patients in surgery/home visits: | |
|  | |
| Was documentation appropriate? | |
|  | |
| How did this make the trainee feel? | |
|  | |
| Any learning needs identified for the trainee? Any follow-up needed? | |
|  | |
| Time spent: |  |
| How useful/valuable was this debrief? | |
|  | |