**Tutorial Record**

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| --- | --- |
| **ACP (Primary Care Nurse) Name:** |  |
| **Tutorial Leader:** |  |
| **Date of tutorial:** |  |

|  |
| --- |
| Learning aims: |
|  |
| Items covered: |
|  |
| Any further areas for development |
|  |
| Time spent: |  |
| Signed by tutorial leader |  |
| Signed by ACP (Primary Care Nurse) |  |

**Tutorial Evaluation**

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| --- | --- | --- | --- |
| **Date of tutorial:** |  | **With:** |  |
| **Tutorial aims:** |  |

|  |
| --- |
| Tutorial style; CBD, Presentation, Discussion, Brainstorming etc |
|  |
| Was the style appropriate/helpful? |
|  |
| What did you learn/achieve from the tutorial?  |
|  |
| What were the good aspects of the tutorial? |
|  |
| In what way could tutorial be improved? |
|  |
| Signed: |  |