

OSATS (Formative)

Title

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Key skill

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Category (please tick one of the options below)

[ ] Generic

[ ] GYN

[ ] OBS

Event date

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Procedure

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Clinical details and complexity

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What went well?

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What could have gone better?

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Learning plan

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Assessor’s additional comments

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Trainee reflection

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Assessor name (please print in full)

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Assessor role

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Assessor sign-off and date (please provide hard copy or electronic signature and date of sign-off)

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