

OSATS (Summative)

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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Degree of difficulty (please tick one of the options below)

[ ] Basic

[ ] Intermediate

[ ] Advanced

Encounter requested in advance (please tick one of the options below)

[ ] Yes

[ ] No

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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Overall judgement (assessor, please tick one of the options below)

[ ] Competent

[ ] Working towards competence

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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