

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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The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

* Checking equipment/environment
* Communication with patients and/or relatives
* Peri-operative planning e.g. positioning Use of assistants
* Technical ability
* Communication with staff
* Selection of instruments and equipment
* Forward planning
* Economy of movement
* Dealing with problems and/or difficulties
* Tissue handling
* Documentation
* Completion of task as appropriate
* Safety considerations

Clinical details

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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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