



**OSATS Supervised Learning Event**

|   |                  |              |
|---|------------------|--------------|
| <b>Trainee name:</b>                    | <b>StR Year:</b> | <b>Date:</b> |
| <b>Trainer name:</b>                    | <b>Grade:</b>    |              |
| <b>Procedure:</b>                       |                  |              |
| <b>Clinical details and complexity:</b> |                  |              |

This is a **formative** tool designed to give feedback to the trainee about their performance in **this** procedure. Please provide specific, constructive **feedback** to the trainee in verbal and written forms in the box below that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

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                        |

**Feedback** (continued overleaf):

|                 |
|-----------------|
| What went well? |
|-----------------|

What could have gone better?

Learning Plan:

**Trainee signature:**

**Trainer signature:**

Trainee Reflection: