



OSATS Supervised Learning Event

Trainee name:	StR Year:	Date:
Trainer name:	Grade:	
Procedure:		
Clinical details and complexity:		

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: