#

Name of Trainee: …………………………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure being Assessed** | **Formative Assessment****Date and Signature of Assessor** **If more than 3 formative assessments use a new sheet** | **Date of Summative Assessment** | **Surname and Signature** **of** **Summative Assessor** | **Summative Assessments Attached** |
| 1 | 2 | 3 |
| **Hysteroscopic adhesiolysis** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Hysteroscopic division of uterine septum** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Hysteroscopic myomectomy** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Laparoscopic ovarian drilling** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Laparoscopic removal of endometrioma greater than 5cm** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Laparoscopic resection of peritoneal endometriosis** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Laparoscopic salpingolysis** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Needle retrieval of sperm** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Open myomectomy** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

Training Supervisor’s signature ………………………………………………………. Date ……………………………………Trainee Signature ………………………………………………………………… Date ………………