Reflective Case-Based Discussion (CBD) PILOT

Please use black ink and CAPITAL LETTERS. Please complete the questions using a tick ☑	
Trainee	**Assessor**
Name:	**Name:**
GMC/GMC/IMC number:	**GMC/GMC/IMC number:**
Specialty:	**Position:**
Hospital/Organisation:	**Institutional e-mail:**
Training level:	**Training:** No ☐ Written ☐ ISCP DVD ☐ Workshop ☐
Clinical setting:	**CBD relates to reflective writing** ☐
Topic description:	

Focus of encounter:	Medical record keeping ☐	Clinical Assessment ☐	Management ☐	Professionalism ☐

Complexity of the case:		
	1. Appropriate for early years training	
	2. Appropriate for the completion of early years training or early specialty training	
	3. Appropriate for the central period of specialty training	
	4. Appropriate for Certificate of Completion of Training (CCT)/Specialty Training (CCST)	

Domain of Good Medical Practice:
Knowledge, Skills and Performance ☐
Safety and Quality ☐
Communication, Partnership and Teamwork ☐
Maintaining Trust ☐

FEEDBACK: Verbal feedback is a mandatory component of this learning event. Please use this space to record areas of strength and suggestions of development which were highlighted during discussion with the trainee:

Time taken for discussion (mins):	Time taken for feedback (mins):

Date:	**Trainee's signature:**	**Assessor's signature:**

	Not at all									Highly
Trainee satisfaction with Ref CbD	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
Assessor satisfaction with Ref CbD	☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐