

# Case-Based Discussion (CBD)

Trainee		Assessor	
Name and GMC/GDC/IMC number:		Name and GMC/GDC/IMC number:	
Assessment date:		Hospital CBD took place:	
<b>FEEDBACK:</b>			
Verbal and written feedback is a mandatory component of this assessment.			
General			
Strengths			
Development needs			
Recommended actions			
<b>TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)</b>			
What did I learn from this experience?			
What did I do well?			
What do I need to improve or change? How will I achieve it?			
<b>RATINGS</b>			
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.			
<b>How do you rate this trainee in their:</b> O: Outstanding S: Satisfactory D: Development required N: Not assessed		<b>GLOBAL SUMMARY</b> Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement:	
1. Medical record keeping		Level 0	Below that expected for early years training
2. Clinical assessment			
3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training
6. Communication and team working skills			
7. Leadership skills		Level 3	Appropriate for central period of specialty training
8. Reflective practice/writing			
9. Professionalism		Level 4	Appropriate for Certification
<b>CBD DETAILS</b>			
Clinical setting:		Emergency / Elective (please circle)	
Performed in a simulated setting <input type="checkbox"/> Description of the simulation:			
CBD performed while on a course Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:			
Summary of the clinical problem:		Critical condition: Yes / No	
Focus of encounter:	History <input type="checkbox"/>	Exam <input type="checkbox"/>	Diagnosis <input type="checkbox"/>
		Management <input type="checkbox"/>	Explanation <input type="checkbox"/>
			Consent <input type="checkbox"/>
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)		
Trainee's signature:		Assessor's signature:	