

# Reflective Case-Based Discussion (CBD)

Trainee		Assessor		
Name / GMC/GMC/IMC number:		Name / GMC/GMC/IMC number:		
Assessment date:		Position:		
CBD relates to reflective writing <input type="checkbox"/>		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>Reflective CBD DETAILS</b>				
Clinical setting:		Emergency / Elective (please circle)		
Performed in a simulated setting: Yes / No		If yes, description of the simulation:		
Reflective CBD performed while on a course: Yes / No		If yes, please give details:		
Summary of the clinical problem:				
Critical condition: Yes / No				
Focus of encounter:	Medical record keeping <input type="checkbox"/>	Clinical Assessment <input type="checkbox"/>	Management <input type="checkbox"/>	Professionalism <input type="checkbox"/>
<b>Domain of Good Medical Practice:</b> Knowledge, Skills and Performance <input type="checkbox"/> Safety and Quality <input type="checkbox"/> Communication, Partnership and Teamwork <input type="checkbox"/> Maintaining Trust <input type="checkbox"/>				
<b>Complexity of the case:</b>	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 Certification / Completion of Specialty Training (CCST)			
Trainee's signature:		Assessor's signature:		