

Case-based Discussion (CbD)

Date of Assessment (DD/MM/YY) / / Trainee's Surname

/ / Trainee's Forename

Trainee's Year Trainee's GMC Number

Assessor's Registration Number (e.g.GMC, NMC, GDC)

Assessor's Name

Assessor's Email

Assessor's Position:

- Consultant SAS SpR SHO GP Nurse Other

Brief Summary of Case:

Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Unable to Comment' if you feel you have not observed the behaviour.

<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
Medical Record Keeping						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Assessment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation and Referrals						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment / Management Plan						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up and Future Planning						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Judgement						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on this observation please rate the level of overall clinical judgement the trainee has shown:

Overall Clinical Judgement		
Rating	Description	
Below level expected during Foundation Programme	Demonstrates little knowledge and lacking ability to evaluate issues resulting in only a rudimentary contribution to the management plan	<input type="checkbox"/>
Performed at the level expected at completion of Foundation Programme / early Core Training	Demonstrates some knowledge and limited evaluation of issues resulting in a limited management plan	<input type="checkbox"/>
Performed at the level expected on completion of Core Training/ early Higher Training	Demonstrates satisfactory knowledge and logical evaluation of issues resulting in an acceptable management plan consistent with early Higher Training	<input type="checkbox"/>
Performed at level expected during Higher Training	Demonstrates detailed knowledge and solid evaluation of issues resulting in a sound management plan	<input type="checkbox"/>
Performed at level expected for completion of Higher Training	Demonstrates deep up-to-date knowledge and comprehensive evaluation of issues resulting in an excellent management plan consistent with completion of Higher Training	<input type="checkbox"/>

Which aspects of the encounter were done well?

Any suggested areas for improvement?

Agreed Action:

Trainee's Signature.....

Assessor's Signature.....