### CASE-BASED DISCUSSION ASSESSMENT FORM (CBD)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessor's GMC No.** | | | | | | |  | **Trainee's GMC No.** | | | | | | |  | **Year of training** | | | |  | **Item No.** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient problem/Diagnosis** | | | | | | | |
|  |  | | | | Is the patient:  New?  Follow-up? | | |
|  | | | | | | | |
| Case Complexity: | | Low | Moderate | High | | | |
| Assessor: | | Clinical Supervisor | Other consultant | Peer | | Other |  |
| No. of previous CBDs observed (with any trainee) | | | None | 1-5 | | 6-10 | >10 |
| Have you had training in use of this tool? | | Read guidelines | Face to face training | Web/CD ROM | | Course | Other |

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is unsatisfactory, 4-6 satisfactory and 7-9 is above that expected, for *a trainee at the same stage of training and level of experience*. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UNSATISFACTORY** | | |  | **SATISFACTORY** | | |  | **ABOVE EXPECTED** | | |  |
| **1. Clinical record keeping** |  | | | |  | | | |  | | | |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **2. Occupational assessment** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **3. Risk assessment & management** | | | |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **4. Investigation and/or referral/clinical liaison** | | | |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **5. Advice & recommendations** | | |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **6. Preventive opportunism** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **7. Professionalism** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **8. Ethics and/or legal** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **9. Team working** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **10. Clinical reasoning (& decision-making)** | | | |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **11. Organisation/Efficiency** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **12. OVERALL OCCUPATIONAL MANAGEMENT** | | | |  |  |  |  |  |  |  |  |  |
|  | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |

**Assessor's comments on trainee's performance on this occasion**

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| --- |
|  |

*(Expand box to add more text if necessary)*

**Trainee's comments on their performance on this occasion**

|  |
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|  |

*(Expand box to add more text if necessary)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee's signature** |  | **Assessor's signature** | | **Date (DD/MM/YY)** | | | | | | | |
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| --- | --- | --- |
| Time for observation (mins) |  |  |
| Time for feedback (mins) |  |  |