

Case Based Discussion [CBD] Assessment Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

IAC/IAOC Code _____

Observation _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Signature of supervising doctor _____

Clinical setting:

Theatre ICU ED Delivery Suite Pain Clinic HDU Transfer Other

Special focus of discussion*	
What went well? **	
What could have gone better? **	
Plan for learning and development***	

Possible areas for feedback:

*	Potential complications, Core Clinical Learning Outcomes
**	Planning, preparation, grasp of theoretical background, understood procedure and alternatives, plans and risks explained to patient, handling of patient, team communication, ability to cope with problems, mindful of cross-infection, ability to evaluate own performance, maintenance of records, post-procedure instructions, professional standards
***	e-Learning, simulation, courses, targeted clinical experience, journals