

## 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*	
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What went well? **	
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What could have gone better? **	
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Plan for learning and development***	
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Possible areas for feedback:

*	Potential complications, <a href="#">Core Clinical Learning Outcomes</a>
**	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