**Case based discussion (CbD) for Core Medical Training**

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| Date of Assessment: |  |
| Trainee’s Name: |  |
| Assessor´s Name: |  |
| Assessor´s Email Address |  |

State the setting for the learning event (e.g. acute admission, ward round, night shift):

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Provide a brief summary of the cases observed:

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Please comment on what was done well and the areas for improvement within each category. Please note, constructive feedback is required in order for this assessment/learning event to be valid, and aims to identify areas for learning and reflection.

Clinical assessment:

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Investigation and management plan:

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Clinical judgment:

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Professionalism (documentation, adherence to guidelines, etc)::

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Please comment on the overall performance of the trainee:

What was done well:

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What are the suggested areas for development?

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**Based on this observation, please rate the overall competence the trainee has shown:**

Performed at the level expected at completion of Core Training ⃝

Performed at the level expected at early Higher Training ⃝

Performed at the level expected during Higher Training ⃝

Performed at the level expected at completion Higher Training ⃝

Agreed action plan:

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