**CASE-BASED DISCUSSION (CBD)**

**CASE-BASED DISCUSSION FOR HIGHER SURGICAL TRAINING IN PLASTIC SURGERY**

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| Date: | Trainee’s Name: |
| Parent Hospital: | Current Hospital : |
| Year of training: Yr 1 / 2 / 3 / 4 / EEC | Training Period: |
| Name of Procedure:  |
| Case setting: in-patient / out-patient |
| Clinical problem: Malignancy / Trauma / Emergency / Complications / Congenital / General  |
| Hospital number / OPD number: |
| Difficulty of case: Basic / Average / Difficult  |

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| TRAINEE’S REFLECTION ON THIS ACTIVITY |
| What did I learn? |
| What did I do well? |
| How to improve or change?  |
| ASSESSOR’S COMMENTS ON THIS ACTIVITY |
| RATINGS**N**=not observed **I**=Improvement **S**=Satisfactory **A**=Above Average **E**=Excellent NA=not applicable |
| **Domain** | **Rating** | **Comments** | **Global summary (pls circle)** |
| 1. Medical record keeping |  |  | Level 0  | Need Improvement  |
| 2. Clinical assessment |  |  |
| 3. Diagnostic skills & underlying knowledge base |  |  |
| 4. Management and follow-up plan |  |  | Level 1  | Appropriate to year of training |
| 5. Clinical judgement and decision making |  |  |
| 6. Communication and team working skills |  |  |
| 7. Leadership skills |  |  | Level 2 | Level beyond HST  |
| 8. Reflective practice / writing  |  |  |
| 9. Professionalism  |  |  |
| FEEDBACK*(Verbal and written feedback is a mandatory component of this assessment)* |
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| Time taken for observation (mins): | Time taken for feedback (mins) |
| Assessor’s name: | Assessor’s institutional email: |
| Assessor’s signature: | Trainee’s signature: |

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| **General guidelines on CBD**Trainees must complete at least 1 of this form in every 6 months of surgical training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*\* A copy of this form should be made and retained by the trainee for his / her personal record of curriculum* |