

Case-Based Discussion (CBD)

CASE-BASED DISCUSSION FOR HIGHER SURGICAL TRAINING IN GENERAL SURGERY

Trainee's name: _____ Date: _____

Parent Hospital: _____ Current Hospital: _____

Subspecialty (if any): _____

Year of Training*: Year 1 / 2 / 3 / 4 Training Period: _____
 Others (please state): []

Case setting*: Inpatient Outpatient

Clinical Problem*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: _____

* Please circle as appropriate.

TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

N=Not observed / I=Improvement required / S=Satisfactory / A=Above Average / E=Excellent / NA=Not applicable

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			Please <u>tick</u> the overall level at which the CBD was performed.		
1. Medical record keeping			Level 0	Need improvement	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning			Level 1	Appropriate to the year of HST 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.

General

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____ Assessor's institutional e-mail address: _____

Assessor's signature: _____ Trainee's signature: _____

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.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.