HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2018

Case-Based Discussion (CBD)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

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

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	Rating	Specific Comments	GLOBAL SUMMARY *Please **tick** the overall level at which the CBD was performed.*		TICK
1. Medical record keeping			Level 0	Undergraduate Level or below	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base			Level 1	Appropriate for 1st year BST training	
4. Management and follow-up planning					
5. Clinical judgement and decision making			Level 2	Appropriate for 2nd year BST training	
6. Communication and team working skills					
7. Leadership skills			Level 3	Appropriate for completed BST training	
8. Reflective practice/writing					
9. Professionalism			Level 4	Level beyond BST training	

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

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 admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training; AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.