**Case-Based Discussion (CBD)**

**CASE-BASED DISCUSSION FOR HIGHER SURGICAL TRAINING IN UROLOGY**

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| **Trainee’s name:** |  | | **Date:** |  |
| **Parent Hospital:** |  | | **Current Hospital:** |  |
| **Year of Training\*:** | Year 1 / 2 / 3 / 4 / EEC | | **Training Period:** |  |
| **Case setting\*:** | Inpatient Outpatient | | | |
| **Clinical Problem\*:** | Urological emergency / Trauma General | | | |
| **Hospital Number / Outpatient Number:** | | **\_** | | |

*\* Please circle as appropriate.*

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| **TRAINEE’S REFLECTIONS** | | | | | | |
| 1. What did I learn from this experience? | | | ***Please write in the boxes overleaf*** | | | |
| 2. What did I do well? | | |
| 3. What do I need to improve or change? How will I achieve it? | | |
| **ASSESSOR’S COMMENTS** | | | | | | |
| **RATINGS**  **N**=Not observed / **I**=Improvement required / **S**=Satisfactory / **A**=Above Average / **E**=Excellent / **NA**=Not applicable | | | | | | |
| **Domain** | **Rating** | **Specific Comments** | | **GLOBAL SUMMARY**  *Please* ***tick*** *the overall level at which the CBD was performed.* | | **TICK** |
| 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 |  |  | |
| **FEEDBACK**  *Verbal and written feedback is a mandatory component of this assessment.* | | | | | | |
| General | | | | | | |
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| 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.*

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| **TRAINEE’S REFLECTIONS** |
| What did I learn from this experience? |
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| What did I do well? |
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