Case-Based Discussion (CBD)

Supervised Learning Event

Date:

Trainee Name: Trainee Grade:

Trainer Name: Trainer Grade:

Clinical Setting:

Focus of Clinical Encounter: *Record keeping / Clinical assessment / Management / Professionalism*

Complexity of Case: *Low / Average / High*

The purpose of this CBD is for trainees to obtain feedback on their performance in some or all areas of this clinical encounter. Please provide specific, constructive feedback to the trainee in verbal and written forms that you feel will enhance their learning.

Areas to consider:

1. **Clinical Record Keeping** (completeness, legibility, information sharing)
2. **Clinical Assessment** (interpretation of clinical findings, deductive ability)
3. **Investigation and Referrals** (appropriate rationale for tests and referrals requested)
4. **Management** (use of clinical knowledge, correct interpretation, use of evidence, safe and logical approach, dealing with uncertainty, appropriate evidence sought)
5. **Follow-up and Future Planning** (linking current issue with future needs, rationale for follow-up)
6. **Professionalism** (respectful, diligent, confident, self-directed approach to learning needs)

What went well:

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What could have gone better:

Learning Plan:

Trainee Signature:

Trainer Signature:

Trainee Reflection:

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