

**Case-Based Discussion (CBD)**

Revised in Jul 2018

**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 **Term\*:** 0-6th month 7th-12th month

Others (please state level): 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.*