**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.*

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| **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.*