

MBCTS Case-Based Discussion (CBD) Form

Trainee		Assessor			
Name:		Name:			
IC number:		IC number:			
Hospital:		Position:			
Training Year:		E-mail:			
		Phone No:			
Clinical setting (e.g. Outpatients/Ward):					
Summary of the clinical problem:					
Focus of encounter:		<input type="checkbox"/> Medical record keeping <input type="checkbox"/> Clinical assessment <input type="checkbox"/> Management <input type="checkbox"/> Professionalism			
Complexity of the case:		1. Appropriate for Years 1-2			
		2. Appropriate for Years 3-4			
		3. Appropriate for Years 5-6			
		4. Appropriate for Certificate of Completion of Training (CCT)			
ASSESSMENT RATINGS					
Your assessment ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training					
How do you rate this trainee in their:		Outstanding	Satisfactory	Development required	Not assessed
1. Medical record keeping					
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning					
5. Clinical judgement and decision making					
6. Communication and team working skills					
7. Leadership skills					
8. Reflective practice/writing					
FEEDBACK: Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions of development which were highlighted during discussion with the trainee:					
GLOBAL SUMMARY					
After summarising the discussion with the trainee in the box above, please complete the overall level at which the Case-Based Discussion was performed on this occasion, if there was sufficient evidence to make a judgement:					
Level 0	Below that expected for Year 1				
Level 1	Appropriate for Years 1-2				
Level 2	Appropriate for Years 3-4				
Level 3	Appropriate for Years 5-6				
Level 4	Appropriate for Certificate of Completion of Training (CCT)				
Time taken for observation (mins):			Time taken for feedback (mins):		
Date:	Trainee's signature:		Assessor's signature:		

