



CASE-BASED DISCUSSION (CBD)

ASSESSMENT AND FEEDBACK DURING TRAINING

Form
AT-03

Resident's Name ▶ _____
 Institution ▶ _____
 Year Level ▶ _____ Date of Assessment ▶ _____

Clinical setting

e.g Outpatients, Inpatients, ER

Clinical problem

e.g. fracture, dislocation

Focus of clinical encounter:

- Medical record keeping Clinical Assessment Management Professionalism

Complexity of case: Low Average High Assessor's position: _____

Please grade the areas below using the scale 1-6:	Standard: The assessment be judged against the standard expected at completion of this level of training. Levels of training are defined by respective training programs.						
	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. Medical Recording							
2. Clinical Assessment							
3. Investigation & Repair							
4. Treatment							
5. Follow-up and Future Planning							
6. Professionalism							
7. Overall Clinical Judgment							

¹ U/C Please mark this if you have not observed the behavior and therefore feel unable to comment.

Anything especially good?	Suggestions for development: Include an explanation of any rating below "MeetsExpectations"
Agreed action:	

Evaluator's Name and Signature ▶	
Date ▶	