

Case-based Discussion (CbD)

Date of Assessment (DD/MM/YY)

□□/□□/□□

Trainee's Name

Trainee's year

Assessor's Name

Brief Summary of Case:

<i>Well below</i> expectation for stage of training	<i>Below</i> expectation for stage of training	<i>Borderline</i> for stage of training	<i>Meets</i> expectation for stage of training	<i>Above</i> expectation for stage of training	<i>Well above</i> expectation for stage of training	Unable to Comment
Medical Record Keeping						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Assessment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation and Referrals						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment / Management Plan						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up and Future Planning						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Judgment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any suggested areas for improvement:

Dr Mansoor Dilnawaz, Consultant Dermatologist

Dr Zafar Iqbal Shaikh, Advisor in Dermatology