

Trainee's GMC Number **CbD** Date of Assessment 20
 Surname: Forename:



Case Based Discussion (CbD) ST1 level

Setting: **Gen. Hosp** **OPD** **In-patient** **Crisis/ Emergency** **CMHT** *Diag 1:* F

Prev Contact: **0** **1-4** **5-9** **>9** *Complexity:* **low** **mod** **high** *Diag 2:* F

	Below standard for end of ST1			Meets standard for ST1 completion	Above ST1 standard		u/c
	1	2	3		4	5	
1. Clinical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment/diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Risk assessment/management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Investigation and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follow-up/care planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Clinical decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Based on this assessment, how would you rate the Trainee's performance at this stage of training?				Below expectations	satisfactory	better than expected	u/c
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything especially good?	Suggestions for development
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Agreed action:

Assessor's position: Consultant ST4-6 SASG Nurse (Band 7 or above)
 Psychologist Other (Profession: Seniority:)
 Assessor's signature.....

Please print Assessor's name.....

Assessor's Registration number Date:

This interim form must not be used after 1st August 2008