

Please refer to curriculum and logbook for details of expected competences

# Case-based discussion (CbD) – Gynaecology

Please complete the questions using a cross:

Please use black ink and CAPITAL LETTERS

Doctor's surname:

Forename:

GMC number:  **GMC NUMBER MUST BE COMPLETED**

**Clinical setting:** Acute admission  OPD  In-patient  Other

**Clinical problem category:** Benign gynaecology  Reproductive medicine  Pelvic floor management  Malignancy detail:

**Focus of clinical encounter:** Medical record keeping  Clinical assessment  Management  Professionalism

**Complexity of case:** Low  Average  High  | **Assessor's position:**   
(Trainees must specify year)

Please grade the following areas using the scale indicated at right:	Below expectations		Borderline	Meets expectations	Above expectations		U/C*
	1	2	3	4	5	6	
1 Medical 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 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"/>
6 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

**Anything especially good?**

**Suggestions for development**

**Agreed action:**

Assessors signature

Assessors surname

Date:

Time taken for discussion:   
(in minutes)

Time taken for feedback:   
(in minutes)