

Please refer to curriculum and logbook for details of expected competences

Case-based discussion (CbD) – Obstetrics

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: Labour Ward ANC AN Ward PN Ward Assessment Unit

Clinical problem category: Antenatal care Maternal & fetal medicine Intrapartum care Postpartum care 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)