

Case-Based Discussion (CBD)

CASE-BASED DISCUSSION FOR HIGHER SURGICAL TRAINING IN ENT

Trainee's name: _____ Date: _____

Parent Hospital: _____ Current Hospital: _____

Year of Training*: **Year** 1 / 2 / 3 / 4 Training Period:
Others (please state): []

Case setting*: Inpatient Outpatient

Clinical Problem*: Otology Rhinology Laryngology Head & Neck Paed ENT Facial Plastic Others

Hospital Number / Outpatient Number: _____

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

N=Not observed / **I**=Improvement required / **S**=Satisfactory / **A**=Above Average / **E**=Excellent / **NA**=Not applicable

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			<i>Please tick the overall level at which the CBD was performed.</i>		
1. Medical record keeping			Level 0	Need improvement	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning			Level 1	Appropriate to the year of HST training	
5. Clinical judgement and decision making					
6. Communication and team working skills					
7. Reflection			Level 2	Level beyond HST	
8. Professionalism					
9. Leadership skills					

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's signature: _____ Trainee's signature: _____

GENERAL GUIDELINES ON CBD

Trainees must complete at least 1 of this form in every 6 months during their ENT training AND must submit the completed forms to the College Secretariat together with the half-yearly assessment in January and July.

A copy of this form should be made and retained by the trainee for his / her personal record of the curriculum.