**Case-based Discussion (CbD) – Colposcopy**

|  |
| --- |
| Please complete the questions using a cross x Please use black ink and CAPITAL LETTERS |

Doctor’s Surname [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ] [ ] [ ] [ ]

 Forename [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ] [ ] [ ] [ ]

Clinical problem New Patient [ ] Follow Up [ ]

Consultation Focus: History [ ] Diagnosis [ ] Management [ ] Explanation [ ]

Case Complexity: Low [ ] Average [ ] High [ ]

Assessors’ status: Consultant [ ] Registrar (specify year) [ ] Sister [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale below** | Below expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| 1 Medical record keeping | 1 2[ ] [ ] | 3[ ] | 4[ ] | 5 6[ ] [ ] | [ ] |
| 2 Clinical assessment | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 3 Investigation and referrals | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 4 Treatment | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 5 Follow-up and future planning | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 6 Professionalism | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 7 Overall clinical judgement | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| \*U/C Please mark this if this was not part of the case discussion and you are unable to comment |

 **Anything especially good? Suggestions for development**

**Agreed action:**

 Date (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_\_

Assessor’s Signature………………………..…… Time taken for observation (in minutes) [ ] [ ]

 Assessor’s Surname: ……………………..…….. Time taken for feedback (in minutes) [ ] [ ]