

## Case-Based Discussion (CBD) – Colposcopy

Trainee Name: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Case Reference Number: \_\_\_\_\_

**Clinical Setting:** Colposcopy clinic  In-patient  Other

**Clinical Problem:** New Patient  Follow-up

**Focus of clinical encounter:** History  Diagnosis  Management  Explanation

**Complexity of case:** Low  Average  High

Please grade the following areas using the scale below	Below expectations for accreditation	Borderline for accreditation	Meet expectations for accreditation	U/C*
1 Medical record keeping	<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"/>
3 Investigation and referrals	<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"/>
5 Follow-up and future planning	<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"/>
7 Overall clinical judgement	<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				

<b>Anything especially good?</b>	
<b>Suggestions for development:</b>	

<b>Agreed action:</b>

**Trainer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_