

# CASE BASED DISCUSSION (CbD)

<b>Trainee's Full Name:</b>			
<b>Hospital:</b>			
<b>Trainee's I.C. No.:</b>		<b>Date of Assessment:</b>	/ / 20__

**Case Title:**

**Clinical Setting:** OT  ICU  Clinic

	SATISFACTORY	NEEDS IMPROVEMENT	COMMENTS
History and Clinical Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Investigations and Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Overall Clinical Care</b>	<b>Satisfactory</b> <input type="checkbox"/>	<b>Unsatisfactory</b> <input type="checkbox"/>
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**Comments and feedback:** *(aspects of good practice/suggested areas for learning and development)*

**Supervisor's Position:** Consultant  Specialist

<b>Supervisor's Name:</b>			
<b>Supervisor's Signature:</b>		<b>Trainee's Signature:</b>	