

## Case-based discussion (CBD)

This form records a structured discussion for teaching purposes of a clinical case managed by the foundation doctor. It is usually based on case note entry, and takes place between the foundation doctor and a trained trainer. Cases should be chosen jointly by the foundation doctor and trainer to address a spread of topics which reflect individual learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

**Foundation doctor's name:**

**GMC number:**

**Date (dd/mm/yy)**

<b>Title/Description of clinical event:</b> Up to max of 35 characters -
Here you can record a brief, anonymous history to allow the SLE to be contextualised: Free text area

Clinical setting	Clinical problem category	Focus of encounter
Please select:  ED, OPD, Ward, Admissions, GP surgery, Home visit, Other (please specify)	Please select:  New patient, Follow up, Complexity, Airway, Breathing, Circulation, Neuro and visual, Psych, Pain, Long term illness, Communication, Other (please specify)	Please select:  Medical record keeping, Clinical assessment, Investigations and referrals, Treatment, Follow-up and future planning, Professionalism, Other (please specify)
<b>Feedback based on the behaviours observed.</b> The trainer should focus on those areas performed well and also identify areas for development		
<b>Agreed action:</b>		
<b>Reflection.</b> The doctor should reflect on this learning event. <i>Reflective notes can be recorded using a structured <b>reflective log</b> and linked to this SLE accordingly. The option to create a reflective log will be presented upon completion/ticketing of this form.</i>		

**Trainer's details**

<b>Name:</b>
<b>Position:</b> GP            Consultant            ST3 or above/SPR            Other (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .....
<b>GMC /other registration number:</b>
<b>Email address:</b>
<b>Have you been trained in providing feedback?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Signature:</b>

Optional – If you would like to link this SLE to the FP Curriculum Syllabus, please indicate which Curriculum sections were covered: