



**WORKPLACE-BASED ASSESSMENT FORM**

**CHEMICAL PATHOLOGY**

**Case-based discussion (CbD)**

<b>Trainee's name:</b>		<b>GMC N°:</b>		<b>Stage of training:</b>			
				<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>

<b>Assessor's name:</b>		<b>Please circle one</b>	Consultant Clinical scientist	SAS Trainee	Senior BMS Other
-------------------------	--	--------------------------	----------------------------------	----------------	---------------------

**Brief outline of procedure**, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.

<input type="checkbox"/> Biological variation pregnancy/childhood	<input type="checkbox"/> Liver Gastroenterology	<input type="checkbox"/> Lipids CVS	<input type="checkbox"/> Diabetes Endocrinology	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Calcium/Bone Magnesium	<input type="checkbox"/> Water/electrolytes Urogenital	<input type="checkbox"/> Gas transport [H <sup>+</sup> ] metabolism	<input type="checkbox"/> Proteins Enzymology	<input type="checkbox"/> IMD
<input type="checkbox"/> Genetics Molecular Biology	<input type="checkbox"/> Please specify:			

**Complexity of procedure:**  Low  Average  High

<b>Please ensure this patient is not identifiable</b>		<b>Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:</b>					
		Below expectations		Borderline	Meets expectations	Above expectations	Unable to comment
		1	2	3	4	5	6
1	Understanding of theory of case						
2	Clinical assessment of case						
3	Additional investigations (e.g. appropriateness, cost effectiveness)						
4	Consideration of laboratory issues						
5	Action and follow-up						
6	Advice to clinical users						
7	Overall clinical judgement						
8	Overall professionalism						
9	Medical record keeping						

**PLEASE COMMENT TO SUPPORT YOUR SCORING:**

**SUGGESTED DEVELOPMENTAL WORK:**  
(particularly areas scoring 1–3)

<b>Outcome:</b>	Satisfactory	Unsatisfactory	<b>Date of assessment:</b>		<b>Time taken for assessment:</b>	
	(Please circle as appropriate)					

<b>Signature of assessor:</b>		<b>Signature of trainee:</b>		<b>Time taken for feedback:</b>	
-------------------------------	--	------------------------------	--	---------------------------------	--