### Supervised Learning Event - Case-based discussion (CbD)

<table>
<thead>
<tr>
<th>Trainee’s name:</th>
<th></th>
<th>Year of training:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>Professional registration number (GMC/GDC):</td>
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<tr>
<td>Assessor’s name:</td>
<td></td>
<td>Please circle one:</td>
<td>Consultant</td>
<td>SAS</td>
<td>Senior BMS</td>
<td>Clinical scientist</td>
<td>Trainee</td>
<td>Other</td>
</tr>
</tbody>
</table>

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

- [ ] Autopsy case – personally undertaken or observed autopsy protocol
- [ ] Reflective discussion on trainee’s personal involvement in organisational or management issue
- [ ] Complex case requiring immunohistochemistry or other specialist technique
- [ ] Discussion of involvement in critical incident or patient safety event
- [ ] Discussion of case involving divergent diagnostic opinions
- [ ] Major resection specimens
- [ ] Other (please specify)

**Please ensure this patient is not identifiable**

Please note constructive feedback is required in order for this assessment to be valid. Please comment on the following areas as and where appropriate – noting what was done particularly well, areas for improvement and any issues of patient safety. Do also aim to identify areas for learning and reflection.

1. Pathological assessment of case
2. Additional investigations (appropriateness, timeliness, cost effectiveness)
3. Clinico-pathological correlation
4. Record keeping, including reports, proformas, correspondence, coding
5. Consideration of patient issues (e.g. respect for patient dignity, consent, confidentiality, turnaround times)
6. Overall clinical judgement
7. Overall professionalism
Feedback (to be completed by assessor)
Refer to above descriptors (where appropriate)

What went well?

From this experience, how might I improve?

Next steps – including learning points

Plan for further development

Signature of assessor: __________________________  Signature of trainee: __________________________

Date of assessment: __________________________