

## Hong Kong College of Paediatricians

### Assessment form for Case Based Discussion (General Paediatrics)

Trainee's name: \_\_\_\_\_

Year of Training: \_\_\_\_\_ (Basic/Higher)

Date of Assessment: \_\_\_\_\_

Hospital/Institution: \_\_\_\_\_

Clinical Setting: General/Neonatology/Community/Others (specify: \_\_\_\_\_)

Clinical Problem Category: Out-patient/In-patient /Community/Others (specify: \_\_\_\_\_)

Assessor's Name/Position: \_\_\_\_\_

**Brief clinical summary of the case (e.g. 2-year-old boy with prolonged febrile convulsion and developmental delay; 12 year-old girl with polyuria, polydipsia and weight loss)**

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Please rate (✓) against what you would expect of a trainee in that year of training:

Areas	1 (Needs improvement)	2 (Meets Standard for level of training)	3 (Above expectation)	Not observed
Medical record keeping				
Clinical Assessment				
Investigation and referral				
Management of challenging and complex situations				
Risk assessments				
Treatment				
Overall clinical care				

**Assessment on specific domain in this CbD (Please ✓)**

Domains	1 (Needs improvement)	2 (Meets Standard for level of training)	3 (Above expectation)	Not observed
Professional values and behaviours (D1)				
Communication (D2)				
Patient management (D4)				
Patient safety (D7)				
Health promotion (D5)				
Leadership and team working (D6)				
Safeguarding (D9)				
Education and training (D10)				

Strengths	Suggestions for development
	<i>If a trainee receives a rating which is unsatisfactory, the assessor must complete this section.</i>

**Time taken for this CbD: \_\_\_\_\_ minutes (recommended time: ~30 minutes)**

Assessor satisfaction using CbD	Low 1 2 3 High (Please circle)
Trainee satisfaction using CbD	Low 1 2 3 High (Please circle)

Assessor's signature: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_