

Case-based Discussion (CbD) Workplace-Based Assessment

Trainee name	Brief description of case
RANZCP ID	
Date of assessment	

Trainee stage	<input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3	This Case-based Discussion is being conducted: <input type="radio"/> independently from any EPAs <input type="radio"/> to contribute to the evidence base for EPA attainment (list EPA below)
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EPA title(s)

*When assessing an EPA, the WBAs used as evidence **must** have been assessed at the same standard as the EPA, e.g. WBAs used to assess a Stage 2 EPA must be assessed at the proficient standard regardless of whether the trainee completes the WBA in Stage 1, Stage 2 or Stage 3.*

FEEDBACK

(mandatory)

- What aspects were done well (that will provide evidence towards entrustment)?
- Suggestions for improvement.
- Agreed actions/goals.

ASSESSMENT CRITERIA

Please write more on the back as needed...

Please rate the following aspects of the Professional Presentation on the scale below.

See the [Developmental Descriptors](#) document (available on the College website) as a guide to expected standards and to help inform feedback.

	N/A	Below standard for end of stage	Meets standard for end of stage	Above standard for end of stage
1 Clinical record keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Clinical assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Risk assessment and management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Assessment and treatment of medical comorbidities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Treatment planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Follow-up and transfer of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Clinical reasoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supervisor name (print)	Signature	RANZCP ID	Date
Principal supervisor signature (if different from above)		RANZCP ID	Date
Trainee signature			Date