



**SUPERVISED LEARNING EVENT**  
**CHEMICAL PATHOLOGY**  
**Case-based discussion (CbD)**

<b>Trainee's name:</b>	<b>GMC N°:</b>	<b>Stage of training:</b> A   B   C   D
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<b>Assessor's name:</b>	<b>Please circle one</b>	Consultant Clinical scientist	Senior BMS Senior Trainee	SAS Other
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**Brief outline of procedure**, indicating focus for assessment (refer to topics in curriculum). Tick category of case below or write in this space.

<input type="checkbox"/> Biological variation / Critical difference	<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 Urological	<input type="checkbox"/> Gas transport [H <sup>+</sup> ] metabolism	<input type="checkbox"/> Proteins Enzymology	<input type="checkbox"/> IMD
<input type="checkbox"/> Pregnancy/Paediatrics	Please specify:			

**Complexity of procedure:**    Low    Average    High

**Please ensure this patient is not identifiable**

**Please comment on what was done well, areas for improvement and any issues of patient safety. Please note constructive feedback is required in order for this assessment to be valid. Do aim to identify areas for learning and reflection.**

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	
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**Future learning aims and development plan**

**Based on this assessment, please give your impression of the overall competence the trainee has shown:**

<input type="checkbox"/>	Not performed at the level expected during the current stage of training	Did not demonstrate satisfactory knowledge, communication or professional behaviour
<input type="checkbox"/>	Performed at the level expected for the current stage of training	Demonstrates knowledge and evaluation of issues consistent with the stage of training
<input type="checkbox"/>	Performed at a level that is higher than expected for the current stage of training	Demonstrates knowledge and evaluation of issues at a level that exceeds the level expected for the stage of training

Date of assessment:		Time taken for assessment:		Time taken for feedback:	
Signature of assessor:		Signature of trainee:			