



## CELLULAR PATHOLOGY

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

Trainee's name:		Year of training: 1 2 3 4 5 6
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Professional registration number (GMC/GDC):	
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Assessor's name:	Please circle one	Consultant Clinical scientist	SAS Trainee	Senior BMS Other
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Brief outline of procedure, indicating focus for assessment (refer to topics in curriculum). Tick category of case or write in space below.	
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<input type="checkbox"/> Autopsy case – personally undertaken or observed autopsy protocol	<input type="checkbox"/> Reflective discussion on trainee's personal involvement in organisational or management issue	<input type="checkbox"/> Complex case requiring immunohistochemistry or other specialist technique	<input type="checkbox"/> Discussion of involvement in critical incident or patient safety event
<input type="checkbox"/> Discussion of case involving divergent diagnostic opinions	<input type="checkbox"/> 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	

8	Other (please specify)	
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**Feedback (to be completed by assessor)**

Refer to above descriptors (where appropriate)

<b>What went well?</b>
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<b>From this experience, how might I improve?</b>
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<b>Next steps – including learning points</b>
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<b>Plan for further development</b>
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Signature of assessor:	
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Date of assessment:	
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Signature of trainee:	
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