

## Case-based discussion (CbD) for Internal Periodic In-Service Training Assessments

Please refer to the prospectus and logbook for details of expected competences

# Gynaecology Clinic

Please complete the questions using a cross: ☒

<b>Trainee Name:</b>		<b>Date of Assessment :</b>		
<b>Post:</b>		<b>Batch Year:</b>		
<b>Assessor Name:</b>		<b>Type of ISTA:</b>	Internal	3 6 15 18
			External	10 22

**Clinical setting :** Acute admission ☐ OPD ☐ In-patient ☐ Other ☐

**Clinical Problem Category:** Benign gynaecology ☐ Reproductive medicine ☐ Pelvic floor Management ☐ Malignancy detail: ☐

**Focus of clinical encounter:** Medical record keeping ☐ Clinical Assessment ☐ Management ☐ Professionalism ☐

**Complexity of case:** Low ☐ Average ☐ High ☐

**Assessor's position:**

### PLEASE CIRCLE RELEVANT NUMBER

1 Very poor	2 Poor	3 Average	4 Good	5 Very Good		
					Performed independently	Needs help
					1 2 3 4 5	
Getting the place organized					1 2 3 4 5	
Introduction					1 2 3 4 5	
Reading previous notes					1 2 3 4 5	
Getting a relevant history					1 2 3 4 5	
Methodical examination					1 2 3 4 5	
Correct examination techniques					1 2 3 4 5	
Reaching a Differential Diagnosis					1 2 3 4 5	
Planning Investigations					1 2 3 4 5	
Relevant referrals					1 2 3 4 5	
Planning Treatment & management					1 2 3 4 5	
Planning Follow up					1 2 3 4 5	
Planning Follow up clinic visits					1 2 3 4 5	
Professionalism					1 2 3 4 5	
Dialogue with patient					1 2 3 4 5	
Medical record keeping					1 2 3 4 5	
Overall clinical judgment					1 2 3 4 5	
Time Management					1 2 3 4 5	
Obtaining informed consent for management plan					1 2 3 4 5	

Professionalism	1 2 3 4 5	
Organization and efficiency	1 2 3 4 5	
Ability to choose appropriate operation / treatment	1 2 3 4 5	
Risk Management	1 2 3 4 5	
Theoretical knowledge	1 2 3 4 5	
Participation in the discussion	1 2 3 4 5	
Ability to think independently and rationally	1 2 3 4 5	
Fluency in English and Powers of expression (oral and written)	No marks are given. Feedback to be given to the Trainee	
Other	1 2 3 4 5	
Comments		

Anything especially good?

Suggestions for development

Agreed action:

Assessor's signature

Assessor's name & designation

Date:

Time taken for discussion:    
(in minutes)

Time taken for feedback:    
(in minutes)

**PLEASE RETURN COMPLETED FORM TO DIRECTOR, PGIM ALONG WITH THE MARKS SHEET**

**It is advisable to keep a copy with you.**