

Case-based discussion assessment form

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Candidate and assessor information

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|----------------|--|---------------|--|
| Candidate name | | Assessor name | |
| D. J. Smith | | A. J. Brown | |

Patient information

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|--------------|--|--|--|--|--|
| Patient name | | | | | |
| John Doe () | | | | | |

Assessment domains

| | B 1 2 3 | A 4 5 6 | A 7 8 9 |
|--|------------|------------|------------|
| Clinical record keeping | 1 2 3 | 4 5 6 | 7 8 9 |
| Clinical assessment History and examination | 1 2 3 | 4 5 6 | 7 8 9 |
| Clinical assessment Differential diagnosis, summary and problem list | 1 2 3 | 4 5 6 | 7 8 9 |
| Management plan | 1 2 3 | 4 5 6 | 7 8 9 |

Assessor's comments

Signature of assessor:

Date: / /

Signature of candidate:

Date: / /