Case-based Discussion (CbD)

This is a PILOT EVALUATION being tested by KCUMB with MSIII students and healthcare professionals who participate in medical student training. The Case-based Discussion is based on a patient case which the student has some role during the day. This may be as an observer or participant and provides feedback to the student and assessor about how well the student understood the case. The physician, or other person performing the assessment, may select the case or allow the student to select the case for discussion. Not all categories need to be assessed. Please complete the information and discuss it with the student. Fax the form to 816-460-0559. Students will receive credit for submission of the form.

Name: ______________________________________________________________________________

Site (City/State): _____________________________________________________________________

Clinical Setting: Office Clinic In-Patient Complexity of Case Low Average High

Clinical Problem: (describe) ____________________________________________________________

Assessor’s Position: Physician Resident Preceptor Other Please Specify _____________________________

Please grade the following areas using the scale below:

Below expectations for MSIII completion Borderline for MSIII completion Meets expectations for MSIII completion Above expectations for MSIII completion U/C*

1. Medical record keeping
2. Ability to assess the clinical problem
3. Investigation of problem and referrals
4. Treatment
5. Follow-up and future planning
6. Professionalism
7. Overall clinical care

*U/C Please mark this if you have not observed the behavior and therefore feel unable to comment.

Anything especially good? Suggestions for development.

Action for Student: _____________________________________________________________________
____________________________________________________________________________________

Assessor’s Signature: _________________________________________ Date (MM/DD/YY):_________
Time taken for observation in minutes) ________________ Time taken for feedback: (in minutes) __________

KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES • DEPARTMENT OF CURRICULUM & EDUCATION AND COMMUNITY CLINICAL EDUCATION • 1750 INDEPENDENCE AVENUE • KANSAS CITY, MISSOURI 64106-1453 • PLEASE FAX TO: (816) 460-0559