**Case Based Discussion Template**

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| Student Name |  |
| Module title |  |

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| --- | --- |
| Brief description of output and focus of scenario discussed |  |

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| --- | --- | --- | --- |
| Complexity of the scenario | Low | Average | High |

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| --- | --- |
| Assessor’s Name |  |
| Assessor’s Position |  |

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| **Please grade the following areas using the scale**  | **Below Expectations** | **Borderline** | **Meets Expectations** | **Above Expectations** | **Unable to Comment\*** |
| Understand the clinical and/or scientific principles relevant to scenario |  |  |  |  |  |
| Can discuss relevant health and safety issues |  |  |  |  |  |
| Can discuss the procedures used to obtain results |  |  |  |  |  |
| Can discuss the quality control procedures to ensure the result is accurate |  |  |  |  |  |
| Demonstrates a knowledge of relevant “best practice” guidelines and other policies relevant to the scenario  |  |  |  |  |  |
| Can discuss the significance of routine patient results with reference to the reason for referral |  |  |  |  |  |
| Is aware of, and can use as required, appropriate resources to aid the interpretation of results  |  |  |  |  |  |
| Is are of the importance of audit trail and can complete audit trail accurately  |  |  |  |  |  |
| Demonstrates awareness of the limits of responsibility and when to seek advice |  |  |  |  |  |
| Professionalism |  |  |  |  |  |

\*Please mark this if you have not observed the behaviour

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| **Feedback and documentation of learning needs** | **Agreed action and feed forward** |
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| **Outcome** | SatisfactoryUnsatisfactory | **Date of Assessment** |  | **Time taken for assessment** |  |
| **Assessor Signature** |  | **Student Signature** |  | **Time taken for feedback** |  |