

STEP 1: provide details of the case

Section 1 Section 2 Section 3

CBD Cardiology

Assessment Details

CBD Assessment Details

Patient Problem/Description:

** Mandatory*

Complexity

Complexity of case:

Low

Moderate

High

** Mandatory*

Focus

Focus of Observation:

Clinical Assessment

Management

Medical Record Keeping

** Mandatory*

Next

STEP 2: provide overall grade for the student's performance for this assessment

Section 1 Section 2 Section 3

CBD Cardiology

Feedback

CBD Feedback

Please rate student's Overall Clinical Competence:

Above expectations

Meets expectations

Borderline

Below expectations

** Mandatory*

Please state what the student did well and/or specify areas for improvement:

STEP 3: provide feedback on student's performance in different domains

Section 1 Section 2 Section 3

CBD Cardiology

Please select feedback relevant to student's performance in each domain:

| | Excellent | Adequate | Needs Improvement | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Knowledge of basic and clinical science, including pharmacology, as it relates to the case | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Correct identification of important psychosocial and ethical aspects of case | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical Assessment: interpretation of history and examination and formulation of differential diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Structured and concise medical record keeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Section 1 | Section 2 | Section 3 | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| CBD Cardiology | | | | |
| Medical Record Keeping: content | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reasoned and detailed approach to investigation choices, or interpretation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Treatment Plan: Correct content and prioritisation with reasoned justification | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Case synthesis: Correctly identifies and prioritises the important clinical challenges and management of the case, talking account of psycho-social and ethical context | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* Mandatory More

Prev
Next

STEP 4: provide your details and sign the form. If you are using the pc to complete a student's form and not their device you may type your name in the signature box. Provide the correct email address to receive a confirmation that you completed the form.

Section 1 Section 2 Section 3

CBD Cardiology

Assessor Details

Assessor's Name

** Mandatory*

P Year WPBA Assessor Position

Assessor Position:

CT1/ST1/PGY3

Above CT1/ST1/PGY3

** Mandatory*

P Year Placement Site

Which placement site are you completing this assessment at?

Section 1 Section 2 Section 3

CBD Cardiology

Assessor's signature

Edit

** Mandatory*

Email Sign Off

Signed off by

---Please Select---

If the person is not listed provide their details below

Assessor Name *

Assessor Email *

Submit

STEP 5: If you wish for a student to forward you their form to complete later at your own time then they may press on the 3 dots upper right corner and choose option **Email for later**. It will ask them to enter the name and the email of the Assessor they wish to send the form to. Please note that any email received from the app it will come by unic@mkmapps.com and not from the student's email directly. Make sure you always check your junk/spam folders as well.

The screenshot shows a mobile application interface for 'CBD Cardiology'. At the top, there are three tabs: 'Section 1', 'Section 2', and 'Section 3'. Below the tabs is a header for 'CBD Cardiology'. The main content area includes a section for 'Assessor's signature' with an 'Edit' button. Below this is a '* Mandatory' label and an 'Email Sign Off' section. The 'Signed off by' field is currently set to '---Please Select---'. A note below this field says 'If the person is not listed provide their details below'. There is an 'Assessor Name' field with an asterisk. At the bottom, a dropdown menu is open, showing four options: 'Submit', 'Email for later' (circled in red), 'Save & close', and 'Close'.