**Case Based Discussion Template**

Date of Case Based Discussion:

Doctor’s Name: GMC / College No:

Peer’s Name: GMC / College No:

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| **Focus of Discussion:**Why chosen, Particular challenges. Ensure patient information is anonymous |
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| **Peer Feedback:**Areas of good practice, Suggestions for Development. Be specific |
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| **Doctor’s Reflection:**Areas reinforced, What would you do differently, Any development needs identified? Next steps. |
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