

Tips for using: Case-based Discussion (CBD)

Include any/all of the following events:

- Case presentations to a departmental/hospital meeting
- Patients seen in the outpatient clinic
- Patients seen in A&E (especially if not admitted)
- Patients managed during nights on-call when the trainee may practice more independently
- Assigned educational supervisor chooses one case from discharge/clinic letters written by trainee
- Critical incidents

Using CBD in reflective practice:

Reflection on episodes should be linked with case-based discussion. Use trainee's reflective journal notes as the basis for discussion. It is expected that the trainee would follow up the discussion with a post-meeting log that could be used as evidence of constructive reflection. Evidence of reflective practice should show that reflections have led to some new or progressive insight resulting in some new objectives to improve clinical practice, and that these objectives have been pursued.

Suggestions for a successful CBD

- Trainee should choose to discuss the most challenging of their cases
- During the session, discuss how to address real life scenarios and how to deal with barriers that may be encountered
- Make regular compilation of case reviews for both training and audit purposes, include existing and historical cases
- In order that there is continuity of learning, cases should be followed up quickly and provision must be made for feedback on outcomes of clinical cases
- Instead of taking cases one at a time, discuss a number of cases by comparing and contrasting them
- Include legal and ethical issues that arose or could have arisen

Case notes

The trainee should be able to explain:

- information and data about the case, what was interesting and what was challenging?
- the decision making process;
- what was considered;
- the assumptions made and reasons for them;
- investigations ordered;
- the follow up of investigations;
- the links that could be made to other cases;
- other key people/roles the trainee involved and referrals made;
- findings;
- what the trainee would do differently;
- the evidence of adherence to ethical codes of practice.

Patient interaction

- *The trainee should be able to present:*
- the greatest concerns of the patient;
- how the patient's needs were attended to;
- the information given to the patient.

Follow up

- *The trainee should be able to explain:*
- the planning process;
- next steps;
- how knowledge gained will be captured.

Learning and development

The trainee should be able to present:

- research undertaken and methods used;
- findings.

Self-evaluation

The trainee should be able to evaluate the following aspects of their overall performance:

- quality and level of thought processes;
- handling of data, information and people;
- quality of record-keeping: were they complete, focussed, logical, sequential, legible? Could they be used by others?

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