

Guidance for using the Case-Based Discussion (CBD)

Summary and overview

Case-Based Discussion (CBD) is one of a number of exercises used in the clinical setting to help the teaching and assessment of a clinical skill. In common with the other workplace-based assessments (WBAs), its primary purpose is to provide structured teaching and feedback in a particular area of clinical practice.

The approach is called 'chart simulated recall' in the US and Canada. In the UK it is also used by both the National Clinical Assessment Authority (NCAA) and the GMC in the assessment of senior medical practitioners.

CBD is designed to assess clinical judgement, decision making and the application of medical knowledge. CBDs are used throughout training and should encourage a reflective approach to learning.

CBD uses the records and investigations of a case for which the trainee has been directly responsible as the basis for dialogue between the trainee and the assessor, who is usually a clinical supervisor, to explore the knowledge, judgement and clinical reasoning of that trainee. More complex cases are used as training progresses. All aspects of diagnosis, assessment and management of a case, including ethical and professional aspects such as the quality of the record keeping and presentation can be explored. CBD is not an assessment solely of factual knowledge.

The setting is varied but would include outpatient or case presentations at departmental meetings providing that the assessment form is used to provide structured feedback. The assessor's evaluation is recorded using a structured form which facilitates structured feedback during debriefing.

Each CBD assessment forms part of the trainee's portfolio, which helps inform the report of the assigned educational supervisor (AES) at the completion of each placement.

CBD in the context of workplace-based assessment

A number of WBAs have been designed and made available for use during surgical training. Taken as a whole, there should be an ISCP WBA that will suit every training situation. For example: Surgical DOPS for short procedures or part procedures; CEX for directly observed clinical consultations; CBD for probing the clinical reasoning abilities of the trainee and so on. It is important that their purposes and *modus operandi* are understood. They should not be used in a mechanistic way. First and foremost, they should stimulate the trainer/assessor to observe and consider all the aspects of the practice of the trainee and in so doing to gain adequate insights into the specific training needs of each trainee. Therefore, these WBAs are assessments *for* learning.

Towards the end of each placement the AES will use his/her knowledge of the trainee, the views of fellow consultant supervisors and the training portfolio (of which the accumulated WBAs are a part) to form a judgement as to the overall progress achieved by the trainee. The annual review panel will use the evidence in the training portfolio, particularly the AES report to inform their decisions.

Who should assess CBD?

The assessor would normally be the trainee's AES but should include other consultant clinical supervisors and senior specialty registrars who are trained and approved by the trainee's AES or programme director.

Assessors should be trained in when and how to use the CBD and be expert in the clinical problem/task. Assessors need not have prior knowledge of the trainee and in some instances it may be important that they do not. In general, however, assessments of this kind will be carried out by consultant trainers since they provide useful insights on the training that is required.

When and how often should CBDs be carried out?

At least six CBDs (and it must be emphasised that this is a minimum) should be conducted throughout each year. During a four month placement this will equate to at least two assessments; during a 6 month placement, at least three.

Given the great variation in the rate of progress between individuals, absolute numbers of assessments are not prescribed. In clinical practice a number of observed performances, even if completed to a satisfactory level, are insufficient if not underpinned by adequate experience. The GMC has not accepted the proposal for minimum specified experience in terms of numbers and it will be a matter of judgement for AESs and annual review panels to determine whether the experience element is sufficient when signing off their reports.

Ideally, trainees and supervisors should use the assessment instruments during every training exercise i.e. at every possible opportunity. The great benefit of WBAs such as the CBD is that by obliging the trainer to review the performance of the trainee across the full range of components involved in the management of a case, a comprehensive picture of the trainee's strengths and weaknesses can be obtained and kept under review during the whole placement.

Trainees and assessors should also be familiar with the ISCP [Guidance on the frequency and timing of assessments](#).

Using the CBD

The trainee's learning agreement should help to indicate which cases would be appropriate CBDs. Each CBD should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings. The process may be initiated by the AES or the trainee, but it remains the responsibility of the trainee to take a proactive approach and to ensure that sufficient exercises are completed.

The exercise comprises an in-depth discussion between the trainee and assessor about a clinical case with which the trainee has been involved. Critical incidents are ideal for CBDs. A quiet area may be preferred in some circumstances for a one-to-one interview, but used appropriately, a case presentation at a clinical meeting can provide an excellent setting.

The assessor should discuss the case in depth with the trainee talking through the clinical situation, the findings and the decisions or courses of action that the trainee would recommend. Most discussions should take no longer than 15-20 minutes and should be concluded with a 5-10 minute debriefing, feedback and completion of the CBD form.

The form should be completed online, or if more convenient the trainee and assessor can use a printed version of the assessment form. If a printed form is used the trainee must transpose a copy of the assessment into his/her electronic learning portfolio at the earliest possible opportunity after the assessment. The original form should be kept by the assessor as a means of validating the assessment.

Completing the CBD form

These notes may be helpful when using the CBD form:

- **Trainee and Assessor details**

The trainee and assessor should complete their details.

- **Assessor Training**

The training methods undertaken should be indicated on the form. Assessors must be trained, as a minimum the assessor should have read the guidance notes and CBD form.

- **Clinical setting**

The assessor should state the setting in which the case is based, for example *Out-patients*.

- **CBD relates to reflective writing:**

It is expected that the trainee would take a piece of reflective writing to the assessment to inform the discussion.

- **Summary of the clinical problem**

It is optional for trainees to write a couple of lines about the nature of the case to aid re-call at a later date. Entries must ensure the confidentiality of patient information.

- **Focus of clinical encounter**

The assessment should cover all or most of the areas named and there should be a tick against each area that applies.

- **Complexity of case:**

The assessor should score the complexity of the case according to the stage of training to which it is considered to be most appropriate.

- **Competency ratings**

The full range of the rating scale should be used for each area. Comparison should be made by the assessor between the trainee being observed and the level of performance expected of a doctor who is ready to complete the stage. It is expected that some ratings of *Development required* will be a reflection of a deficit in experience.

- **Feedback**

The assessor should summarise the discussion with agreed actions.

It must be emphasised that the most important purpose of the assessment exercise is to provide the trainee with formative feedback (i.e. information that forms and develops the trainee's practice), offering a significant impact on learning. Ratings are used only for the purpose of identifying strengths and weaknesses and providing accurate feedback on that performance.

Following discussion of the case, feedback should take about 5-10 minutes. It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. Assessors may wish to refer to the ISCP [Tips on giving structured feedback](#). Assessors should expand on the reasons for any ratings below *Satisfactory* and make practical suggestions for any remedial steps if it is felt that the rate of progress is insufficient.

In this connection, it should be borne in mind that the AES has the facility to make substantial changes to the clinical timetable and sessional exposure that a trainee has during a placement, if it is deemed in the best interests of the trainee. It is expected that the clinical supervisors and other trainers involved in any one placement work as a team and if any of them, including the trainee, feel that any such change might be indicated then this should be brought to the notice of the AES at the earliest opportunity.

It is essential that trainees reflect on feedback and take a proactive approach to improving their practice.

- **Global summary 0-4:**

The global summary should only be used if the assessor has reviewed all areas 1-8 with the trainee. If there is sufficient evidence to make a judgement, the assessor should rate the trainee's overall performance according to a scale of training stages.

The standards to be applied to CBD assessments

The assessment should be judged against the standard expected at completion of the stage of training (e.g. core CT1-2 / Initial stage), defined in the syllabus.

One of the purposes of the assessment is to enable trainees to demonstrate to their trainers that they are maintaining progress during the placement and that they are on course to reach the standard required by the syllabus and their learning agreements for successful completion of the stage. Ultimately, it is a matter for the AES/clinical supervisor and programme director, based on their experience, to make that judgement for each trainee.

KEY POINTS

Cases should be selected to reflect the case mix of the specialty and the stage of training of the trainee. The dialogue should exercise the trainee, determine the depth and breadth of his/her knowledge together with the ability to apply that knowledge sensibly (clinical reasoning and judgment).

Summary of the method

- The use of records as the basis for a structured discussion to explore the trainee's knowledge, judgement and clinical reasoning in the management of challenging cases.
- CBDs should cover a range of clinical problems relevant to the stage of training and the specialty.

Minimum number of assessments per year

- Six per year. Three four- month placements equates to at least two discussions per placement. Two placements six-month placements equates to at least three discussions per placement.

Who should assess CBD?

- Generally those delivering the training and would include the trainee's AES, consultant clinical supervisors and senior specialty registrars who are trained and approved by the trainee's AES or programme director.

Time needed

- 15-20 minutes discussion of the case
- 5-10 minutes for feedback

Appropriate assessment settings

- Trainee's meetings with the AES e.g. interim review
- Case presentations

See also Tips for using CBD at https://www.iscp.ac.uk/static/public/cbd_tips.pdf