CbD (Case-based Discussion)

TRAINEE GUIDANCE

What is CbD?
Case-based discussion (CbD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. The approach is called chart stimulated recall in the US and Canada, and is widely used for the assessment of residents and of established doctors who are in difficulty. In the UK it is used, and is being evaluated, by both the National Clinical Assessment Authority (NCAA) and the GMC in the assessment of established practitioners. CbD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. An example might be a discussion around an admission ‘clerking’ and choosing to discuss the reasoning behind your choice of investigations. It should not be taken as an opportunity to discuss the whole case in a viva style approach. Further guidance in available online at www.mmc.nhs.uk

Who should you ask to assess you?
You need to get at least 6 different doctors (experienced SpRs, Specialist Associates/Staff Grades, consultants or GPs) to assess you by the end of your rotation i.e. spread them out over the different posts. They should try to include the supervising consultant in each post. Please complete the forms in order so that your progress can be evaluated.

What should be assessed?
CbD is suitable for use in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that should be of help to you. Choosing the cases is up to you. Each time you arrange to meet with an assessor please pick two cases in which you have written in the notes. Each CbD should represent a different clinical problem and you should try to sample from each of the core problem groups identified in the Foundation curriculum by the end of the year. These are summarised on the form; e.g. clinical assessment of airway/breathing on one occasion and then management of pain on another. For more information please refer to the curriculum document at: www.mmc.nhs.uk/curriculum

The assessor on each of the six occasions will choose one of the two cases that you have provided. You should ideally provide the notes prior to meeting in order to give the assessor time to familiarise themselves with the case.

How should it work?
The discussion process should take no longer than 15 minutes. Your assessor should then provide some immediate feedback, which should take no longer than 5 minutes.

What next?
You should score your satisfaction with the process at the bottom. Remember this is about your satisfaction with the process not with how you have done on this occasion. Check that the print has gone through onto the carbon copies properly.

Give the top copy to your Foundation Programme Co-ordinator in your trust. They will send this on to the central administrative centre. The middle copy should be given to your educational supervisor and you should keep the bottom copy for your Portfolio.

This form will be scanned into a computer database. Please try not to fold the form more than once in half. When at least 6 CbD assessments have been collated centrally you will receive an overall assessment profile. This will be fed back through your educational supervisor.

IT IS A REQUIREMENT OF YOUR PROGRAMME AND YOUR RESPONSIBILITY THAT THESE FORMS ARE COMPLETED AND THAT THE LAST FORM IS RETURNED TO YOUR PROGRAMME CO-ORDINATOR NO LATER THAN 1st JUNE 2005
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Should I have been asked to be an assessor?
You need not have prior knowledge of this trainee or the case.
You should be an experienced SpR, SASG, consultant or GP.

How should it work?
Trainees are asked to undertake 6 sessions of CbD during the year with a different assessor for each session. The trainee will have selected 2 case records from patients they have seen recently, and in whose notes they have made an entry. Please first select one of these for this CbD session. An example might be a discussion around an admission ‘clerking’ and choosing to discuss the reasoning behind the trainee’s choice of investigations. It should not be taken as an opportunity to discuss the whole case in a viva style approach. Further guidance is available online at www.mmc.nhs.uk

An assessment record should then be filled out and the whole session should take no longer than 20 minutes including feedback and completion of the assessment form.

The discussion must start from and be centred on the trainee’s own record in the notes.

CbD: Competencies Assessed and Descriptors

<table>
<thead>
<tr>
<th>Question area</th>
<th>Descriptor against which you should consider your rating of the trainee – A satisfactory trainee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical record keeping</td>
<td>The record is legible, signed, dated, and appropriate to the problem, understandable in relation to, and in sequence with, other entries. It helps the next clinician who uses the record, to give effective and appropriate care.</td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>Can discuss how they understood the patient’s story and how, through the use of further questions and an examination appropriate to the clinical problem, a clinical assessment was made from which further action was derived.</td>
</tr>
<tr>
<td>Investigation and referrals</td>
<td>Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why diagnostic studies were ordered/perform, including the risks and benefits and relationship to the differential diagnosis</td>
</tr>
<tr>
<td>Treatment</td>
<td>Can discuss the rationale for the treatment, including the risks and benefits.</td>
</tr>
<tr>
<td>Follow-up and future planning</td>
<td>Can discuss the rationale for the formulation of the management plan including follow up.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Can discuss how the care of this patient, as recorded, demonstrated respect, compassion, empathy, and established trust. Can discuss how the patient’s needs for comfort, respect, confidentiality were, attended to. Can show how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks. Has insight into own limitations</td>
</tr>
<tr>
<td>Overall clinical care</td>
<td>Can discuss own judgment, synthesis, caring, effectiveness, for this patient at the time that this record was made.</td>
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</tbody>
</table>

Completing the form

Specific points:
Assessor Training: is helpful in any assessment process so please read the entire form, trainee guidance and this written training. You can indicate that you have done this on the form by crossing “Yes: Written Training”.
Complexity of case: Please score the complexity of the case for the level of a trainee completing the Foundation programme.
Satisfaction with the form: Please grade your satisfaction with the CbD as an assessment process.
Using the scale:
Please use the full range of the rating scale. Comparison should be made with a doctor who is ready to complete the Foundation programme (end of first SHO year). It is expected that some ratings below ‘meets expectation for completion of Foundation’ will be in keeping with the trainee’s level of experience. This will be particularly the case with F1/PRHOs.
Feedback
In order to maximise the educational impact of CbD, you and the trainee need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.
Collated feedback for the whole year will be provided for each trainee once 6 CbD encounters have been submitted centrally.
Please return the whole pad back to the trainee.
Please complete the questions using a cross: X
Please use black ink and CAPITAL LETTERS

Case-based Discussion (CbD)

GMC NUMBER MUST BE COMPLETED

Doctor's
Surname

Forename

GMC Number:

Clinical setting:  A&E  OPD  In-patient  Acute Admission  GP Surgery

Clinical problem category:  Airway  Breathing  Circulatory  Neuro  Psych/Behav  Pain

Focus of clinical encounter:  Medical Record Keeping  Clinical Assessment  Management  Professionalism

Complexity of case:  Low  Average  High

Assessor's position:  Consultant  SpR  GP

Please grade the following areas using the scale below:

<table>
<thead>
<tr>
<th>Area</th>
<th>Below expectations for F2 completion</th>
<th>Borderline for F2 completion</th>
<th>Meets expectations for F2 completion</th>
<th>Above expectations for F2 completion</th>
<th>U/C*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical record keeping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Clinical assessment</td>
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<tr>
<td>Overall clinical judgement</td>
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Anything especially good?

Suggestions for development

Agreed action:

Trainee satisfaction with CbD

Assessor satisfaction with CbD

Have you had training in the use of this assessment tool?:  No  Yes: Face-to-Face  Yes: Have Read Guidelines  Yes: Web/CD rom

Time taken for discussion: (in minutes)

Time taken for feedback: (in minutes)

Assessor's Signature:

Assessor's Surname

Date:

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