Case-based Discussion

A formative assessment tool

Purpose

A Case-based Discussion encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. Case-based Discussion is designed to:

• guide the trainee’s learning through structured feedback
• help improve clinical decision making, clinical knowledge and patient management
• provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice
• be a teaching opportunity enabling the assessor to share their professional knowledge and experience.

Overview

A Case-based Discussion encounter involves a comprehensive review of clinical cases between an Advanced Trainee and an assessor. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management.

A Case-based Discussion encounter takes approximately 30 minutes.

Cases for discussion

Cases for discussion are chosen by the assessor. A variety of cases in which the trainee has had a significant role in clinical decision making and patient management can be used. The discussion can be focused on a single complex case or a series of cases that cover a wide range of clinical problem areas. The discussion should reflect the trainee’s level of experience and be linked to the relevant subspecialty Advanced Training Curriculum.

The trainee is responsible for ensuring that adequate encounters are completed.

Areas for assessment

1. Record keeping
2. History taking
3. Clinical findings and interpretation
4. Management plan
5. Follow-up and future planning
6. Professional qualities

Trainee responsibilities

• Arrange a Case-based Discussion encounter with an assessor.
• Confirm the case(s) chosen by the assessor.
• Provide the assessor with a copy of the standardised RACP Case-based Discussion rating form.
• Complete tasks after the encounter, including the entry of data into the online Case-based Discussion tool.
• Submit a copy of the completed form to the assessor, automated through the online tool.

Assessor responsibilities

• Choose the case(s) for discussion.
• Use the RACP Case-based Discussion rating form to rate the trainee.
• Provide constructive feedback and discuss improvement strategies. If a trainee receives a rating which is unsatisfactory, the assessor must complete the ‘Suggestions for development’ section. The form cannot be submitted if this section is left blank.
• Provide an overall judgment on the trainee’s clinical performance.

© Copyright RACP - All rights reserved.
Preparation for a Case-based Discussion

• The trainee is responsible for initiating each Case-based Discussion encounter.
• Any Fellow of the College can act as an assessor.
• The assessor chooses case(s) in which the trainee has been significantly involved, for example, a case in which the trainee has made substantial entries in the case notes. The trainee confirms that they are willing to conduct a Case-based Discussion on the chosen case(s).
• Each case(s) should represent a different clinical problem addressed in the relevant subspecialty Advanced Training Curriculum.
• The trainee and the assessor need to have a clear understanding of the purpose, process and outcomes they aim to achieve during the Case-based Discussion encounter.

During a Case-based Discussion encounter

• The Case-based Discussion encounter takes approximately 30 minutes, including a 10 minute feedback session.
• The trainee discusses the case(s) with their assessor, including their approach, the results, and reflection on what went well and what they would change in similar situations in the future. The assessor may prompt for further information when required.
• The assessor makes notes and rates the trainee’s performance on the RACP Case-based Discussion rating form throughout the session. The assessor provides an overall ‘competence’ rating based on the outcome of the encounter. If a trainee receives a rating which is unsatisfactory, the assessor must complete the ‘Suggestions for development’ section. The form cannot be submitted if this section is left blank.
• Discussion of the case(s) is immediately followed by feedback from the assessor. Feedback should focus on the trainee’s clinical decision making skills and include comments on what the trainee did well and areas for improvement. If any significant areas for development are identified during the session, the assessor and the trainee should devise a remediation plan.
• The RACP Case-based Discussion rating form is signed by the trainee and the assessor.

After a Case-based Discussion encounter

• The trainee enters the data from the RACP Case-based Discussion rating form into the Advanced Training Portal as part of their record of training.
• The trainee submits a copy of the completed form to the assessor, automated through the online tool.
• The nominated supervisor(s) for the training rotation can view the form online through the Advanced Training Portal.
• The trainee must take a copy of the completed RACP Case-based Discussion rating form(s) to meetings with their nominated supervisor(s).

More information

Australia
Email: AdvancedTraining@racp.edu.au
Website: www.racp.edu.au

New Zealand
Email: advancedtraining@racp.org.nz
Website: www.racp.org.nz