

Case-based discussion (CBD)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is case-based discussion (CBD)?

A case-based discussion is a supervised learning event (SLE) tool. This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

Who can contribute to the developing the clinical teacher?

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?

The process is typically led by the foundation doctor. Cases should be chosen jointly by the foundation doctor and trainer to address a spread of topics which reflect individual learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

Ideally, the foundation doctor should select two case records from patients they have seen recently, and in whose notes they have made an entry. The trainer should select one of these for the CBD session. The discussion must start from and be centred on the foundation doctor's own record in the notes. The SLE typically takes 20 minutes including feedback and completion of the form. It may be necessary to allocate more time.

What areas should CBD focus on?

CBD is most useful when considering the following areas:

| Focus of encounter | Positive indicators |
|--------------------------------------|---|
| Medical record keeping | Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care. |
| Clinical assessment | Understood the patient's story; made a clinical assessment based on appropriate questioning and examination. |
| Investigation and referral | Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis. |
| Treatment | Discusses the rationale for the treatment, including the risks and benefits. |
| Follow-up and future planning | Discusses the rationale for the formulation of the management plan including follow-up. |

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| Professionalism | Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks; has insight into own limitations. |
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What is the reference standard when giving feedback?

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback

In order to maximise the educational impact of using CBD, it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many should be completed?

A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period. There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

| Supervised learning event (SLE) | Recommended minimum number |
|---------------------------------|----------------------------|
| Case-based discussion | 2 or more per placement* |

*based on a clinical placement of four month duration.

How is the form accessed?

The CBD SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the CBD will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select 'other' and specify. More than one category can be selected.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.