NHS
Health Education England

CbD Trainer's Guide

Krish T Radhakrishnan
Associate Postgraduate Dean

Developing people
for health and
healthcare

www.hee.nhs.uk

Aims

- Understanding CbDs
- Sharing Top Tips
- Practical session
- ?

Aims of

Case Based Discussion

Health Education England

A **structured interview** conducted in a relaxed but focussed fashion to provide;

- Systematic assessment of the registrar's **performance**
- To explore **professional judgement** exercised in clinical cases
- To give **structured feedback**

Challenges doing CbDs

Health Education England

- Trainer variability
  - there is a trainer educational need around understanding and use of this tool
- Assessing vs. teaching
- Familiarity with competencies assessed
- Balance of cases assessed
- Selection of cases for assessment
- Format of the cases presented to the assessor
- Suppressing RCA urges

STAY AWAY FROM "what if …" questions

Competency areas

Health Education England

10 out of 13

Practising holistically

Data gathering and interpretation

Making decisions/diagnoses

Clinical management

Managing medical complexity

Primary Care Administration (IMT)

Working with colleagues

Community orientation

Maintaining an ethical approach

Fitness to practice

Attributes

Health Education England

- What is tested?
  - Application of medical knowledge
  - Application of ethical frameworks
  - Ability to prioritise, consider implications, justify decisions
  - Recognising complexity and uncertainty

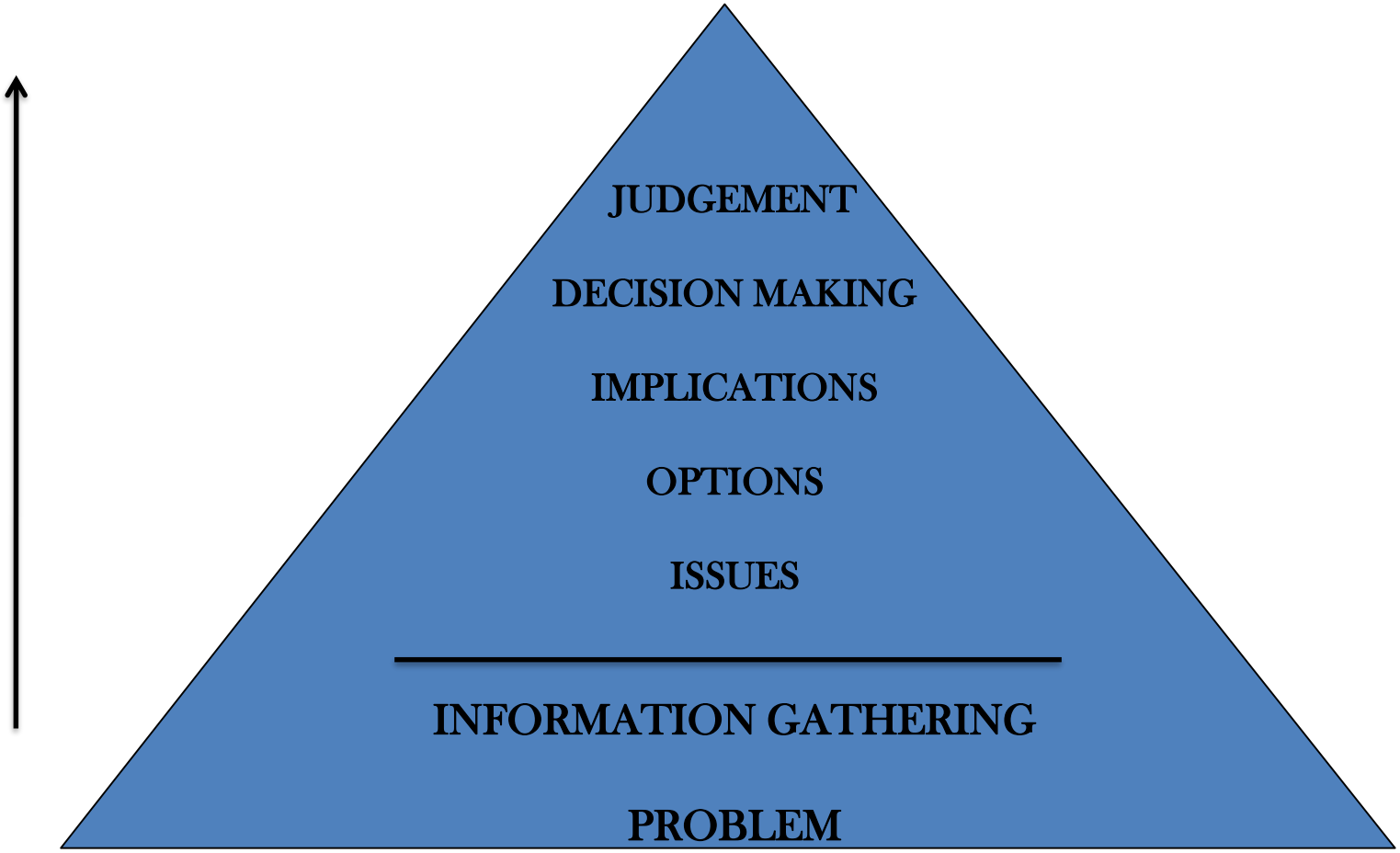
The ability to make holistic, balanced and justifiable decisions in situations of complexity and uncertainty

- It tests what the GPR actually did (not like RCA)

Don't teach during the assessment phase of the process

ASSES NOW & TEACH LATER

Schematic for considering CbD questioning

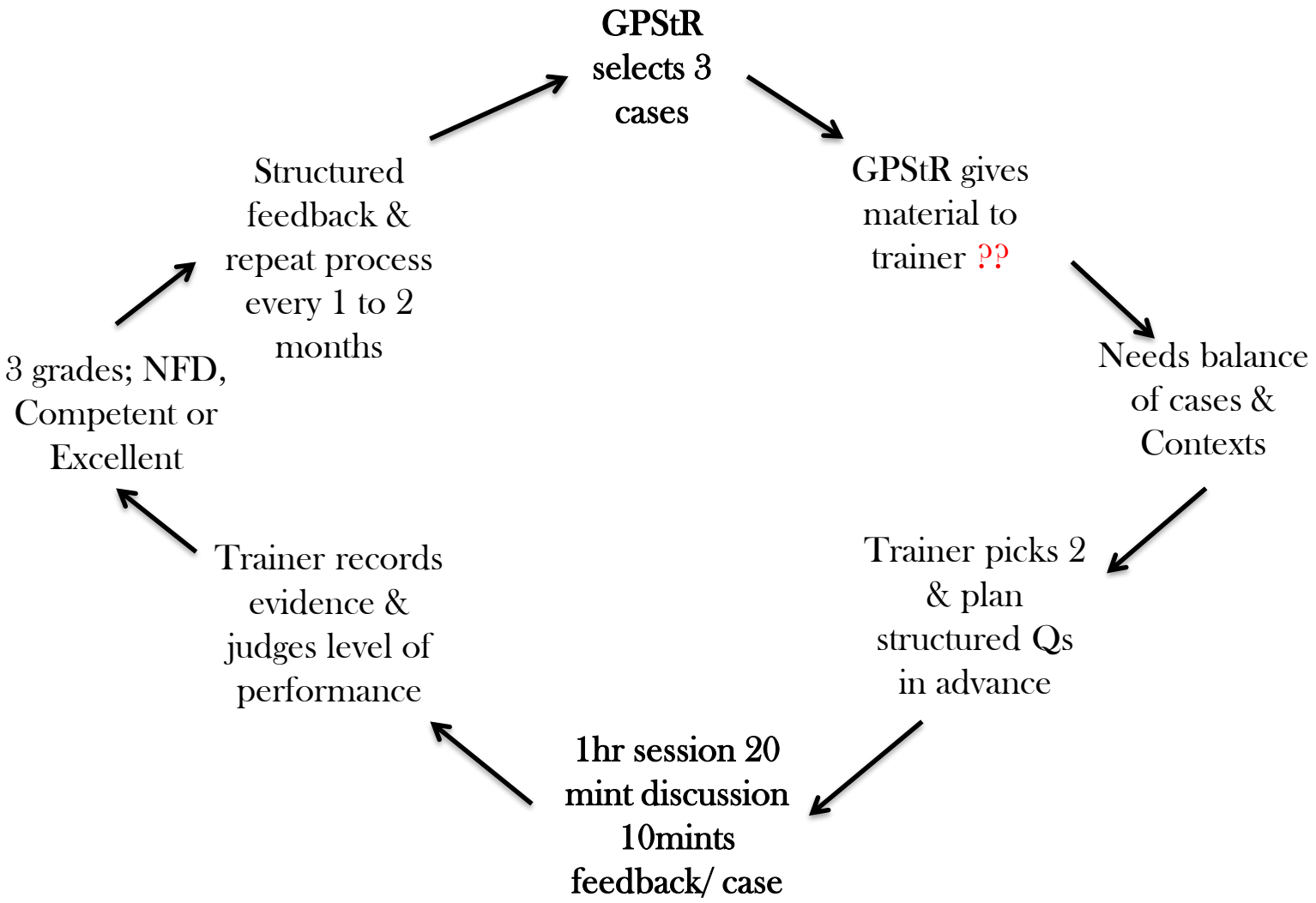


CbDs - questions:

- Targeted & Focused
- Raise the level of challenge to see how high the trainee can perform
- Need to understand competency framework – both trainers and trainees
  - CbD tests 10 out 13 PC
  - Select only 3 – 4 competencies for in-depth assessment

Process

Health Education England




Palitha Udaya..

Practical session

Trios

- Explore how to test different competency areas
  - **Including how to move up the challenge level. Questions starting:**
    - **What? - did you do/are the issues?**
    - **Why?**
    - **How?**

    Rather than 'What if?' which can come after the assessment discussion completed, when formative feedback is given
- Practice an exercise
  - Trainee
  - Trainer
  - Observer

Patient's age: 84 years Female

PMH

COPD, H/T, Osteoporosis

Medication

NOAC, Bisoprolol, Ramipril 2.5mg, Lacidipine 2mg, and Furosemide 40mg in addition to her inhalers

Chronological Order of Events

21/08/18 - A House bound elderly lady with home oxygen living alone in an upstairs apartment requested advice as she was confused with her medications since she was discharged from Hospital recently. She was a known COPD & Hypertensive Patient.
A visit was done, as the telephone conversation wasn't making much sense. According to the notes her medications were updated on 19/08/18 and is currently on reduced the ACEi, newly started Lacidipine, NOAC, Bisoprolol and Furosemide in addition to her previous inhalers

01/08/18 - She was admitted (2.5 weeks prior to the visit date) with dehydration & AKI and was treated as an inpatient for 2 weeks. During her stay she was also found to be suffering from AF, Heart failure so her medications were changed. She was started on NOAC, Bisoprolol, reduced the ACEi, started Lacidipine, and Furosemide in addition to her inhalers. The Fosamax & Calcichew were stopped. The discharge letter we received 3 days prior to the visit had all the above Dx & medication.

However when visited Patient explained after a day of discharge from her 2 weeks in-stay in the hospital she developed UTI & sustained an accidental fall & she was re-admitted for a day and a half. She was discharged on her original medication (prior to the admission on 01/08/18), which were 10mg Ramipril, Fosamax, Calcichew and a new Antibiotics Nitrofurantoin. She was not given NOAC, Bisoprolol, Lacidipine or Furosemide.

We were not aware of re-admission and neither Patient nor we had a copy of the new discharge letter.
A Phone call to the ward from Patients home to the Medical SHO who discharged the Patient was not very helpful as he wasn't aware of the previous admission & her diagnosis of AKI, AF, Ht failure.
The Ward Pharmacist confirmed that they missed the recent admission on 01/08/18 and her new Dx of AF, Ht failure. She also agreed that we should revert back to NOAC, BB, reduce ACEi, CCB and consider Amox instead of Nitrofurantoin in view of her AKI & CKD

CbD Structured Question Guidance

Health Education England

Defines the problem

What are the issues raised in this case?

What conflicts are you trying to resolve?

Why did you find it difficult/challenging?

Integrates information

What relevant information had you available?

Why was this relevant?

How did the data/information/evidence you had available help you to make your decision?

How did you use the data/information/evidence available to you in this case?

What other information could have been useful?

Prioritises options

What were your options? Which did you choose?

Why did you choose this one?

What are the advantages/disadvantages of your decision?

How do you balance them?

Considers implications

What are the implications of your decision?

For whom? (e.g. patient/relatives/doctor/practice/society)

How might they feel about your choice?

How does this influence your decision?

Justifies decision

How do you justify your decision?

What evidence/information have you to support your choice?

Can you give me an example?

Are you aware of any model or framework that helps you to justify your decision?

How does it help you? Can you apply it to this case?

Some people might argue, how would you convince them of your point of view?

Why did you do this?

Practises ethically

What ethical framework did you refer to in this case? How did you apply it?

How did it help you decide what to do?

How did you establish the patient's point of view?

What are their rights? How did this influence your handling of the case?

Works in a team

Which colleagues did you involve in this case? Why?

How did you ensure you had effective communication with them?

Who could you have involved? What might they have been able to offer?

What is your role in this sort of situation?

Upholds duties of a doctor

What are your responsibilities/duties? How do they apply to this case?

How did you make sure you observed them? Why are they important?

Summary

What is important

Health Education England

- Selecting the cases
- Checking on quality of record keeping
- Planning the questions
- Increasing the challenge
- Documenting the outcomes
- Structured feedback
- CbD Mapping
- **Trainer group – bench marking**

Previous Pilots

Health Education England

- Registrars initially anxious but less stressful when done repeatedly
- Valued feedback
- Realistic – valid test of "what we do everyday"
- Would like more of it
- Trainers found it time consuming
- Need to protect more time for assessment
- Helpful to have the structure
- May be more helpful in dealing with difficult Registrars
- *Concern re changed relationship with the registrar*
- *Concern re relationship with trainer*

Resources

Health Education England

- RCGP DVD

- www.bradfordvts.co.uk

NHS
Health Education England

Q & A