Workplace-based assessment (WBA)

"To know how well doctors perform in the workplace, clinicians should be assessed regularly on an adequate sample of their day-to-day work by other clinicians who understand the work and are able to make judgements."

Wass V et al. Assessment of clinical competence. Lancet 2010;357:945-8

Case-Based Discussion

What is Case-based discussion (CBD)?

CBD is a term coined in the United Kingdom for an assessment technique called ‘Chart Simulation Recall’ developed by the American Board of Emergency Medicine in 2001.

It is designed to allow the assessor to probe the clinician’s clinical reasoning, decision making and application of medical knowledge in direct relation to patient care.

Case-Based Discussion

Is CBD a valid assessment tool?

- Correlates with prior and concurrent oral examination scores

  Norman GR et al 1989

  Solomon DJ et al 1990

- Predictive of performance difficulty

  Mitchell C et al 2011

- Problem of lack of standardisation of method, assessor variability and lack of training

Case-Based Discussion

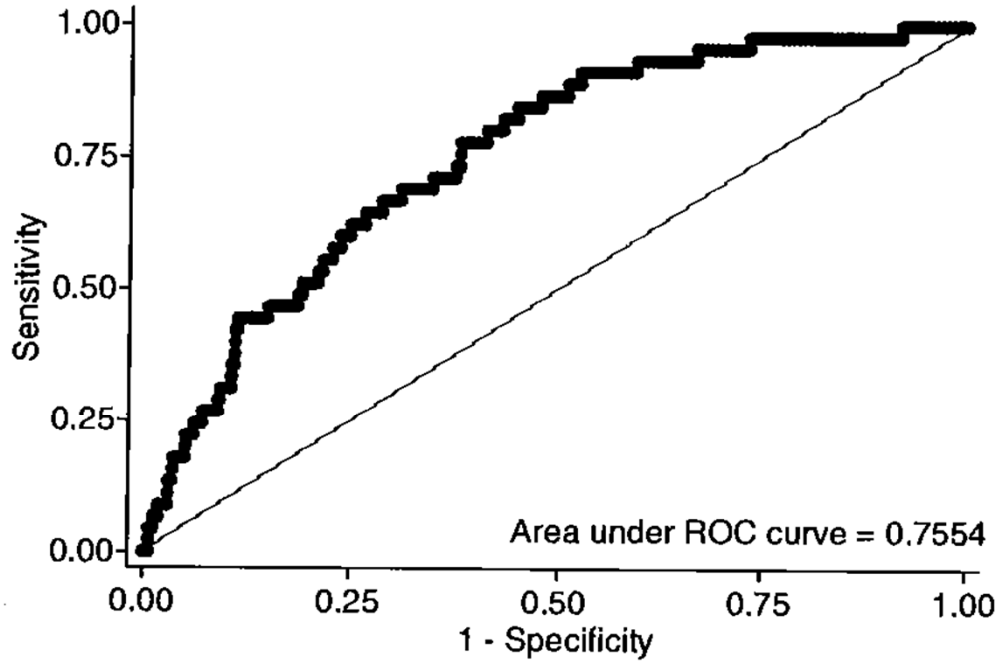

Figure 3 Receiver operator characteristic (ROC) curve for the logistic model containing mean case-based discussion and mean mini-clinical evaluation exercise scores for predicting performance difficulties

Mitchell C et al. Medical Education 2011;45:1190-8.

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Case-Based Discussion

The Process

1. Record selection
2. Time allocation
3. Focus of CBD
4. Sequence
5. Feedback
6. Data recording

Case-Based Discussion

1. Record selection

   Candidate provides assessor with notes and charts of a group of 3 patients currently or recently looked after by the candidate.

   Alternative: Assessor arranges for access to patients in ward, outpatients or consulting rooms and the candidate is required to see and assess, write up notes and a management plan and then have a CBD on the selected patient.

Case-Based Discussion

2. Time allocation:

   Assessment 15-20 mins. Feedback similar.

3. Focus of assessment:

   The focus is on the clinical assessment as reflected in the record content details, the relevance and quality of note keeping and the reasons behind the clinical decisions and actions.

Case-Based Discussion

4. Sequence:

   4.1 Candidate goes first (2 minutes).

   Assessor:

   'What are the important things to know about this patient?'

   'What is the key problem list for this patient?'

Case-Based Discussion

4.2 Assessor explores features of case records

'What did you think was the sequence of events leading up to this patient's presenting problem?'

'What other key problems are also current?'

'What was your mental status assessment?'

'How would you list the problems in priority order?'

Case-Based Discussion

4.3 Assessor selects areas of the clinical record for further discussion

'Why did you order these investigations?'

'How did you interpret that test result?'

'Can you show me your preoperative management plan?'

'What are the main considerations in relation to the patient's future health care?'

Case-Based Discussion

5. Feedback on CBD
    - 5.1 Candidate asked to reflect
    - 5.2 Assessor leads discussion
    - 5.3 Development of action plan
    - 5.4 Assessor summarises

6. Data recording