

## CASE-BASED DISCUSSION

Name of trainee:		Year of training:	
Date:			
Assessor, name:		Assessor, role: <ul style="list-style-type: none"> <li>• Supervisor / trainer</li> <li>• Trainee (self-assessment)</li> <li>• Other health professional (e.g. nurse, physiotherapist)</li> <li>• Other, specify:</li> </ul>	
Setting: <ul style="list-style-type: none"> <li>• In-patient</li> <li>• Out-patient</li> <li>• Emergency</li> <li>• Other, specify</li> </ul>		Basis for discussion: <ul style="list-style-type: none"> <li>• Outpatient record or letter</li> <li>• Inpatient record or discharge letter</li> <li>• Other, specify</li> </ul>	
Brief description of case:		Case complexity: <ul style="list-style-type: none"> <li>• Low</li> <li>• Moderate</li> <li>• High</li> </ul>	

Please score against what you would reasonably expect of a trainee at his/her stage of training.							
Domains to consider for discussion and feedback*	Performance level**						
	Below expectations		At expected level		Above expectations		Not applicable
Clinical assessment	1	2	3	4	5	6	n/a
Clinical reasoning	1	2	3	4	5	6	n/a
Investigation plan	1	2	3	4	5	6	n/a
Treatment plan and follow-up	1	2	3	4	5	6	n/a
Adherence to recommendations and guidelines, where appropriate	1	2	3	4	5	6	n/a
Clarity and completeness of medical record	1	2	3	4	5	6	n/a

\*Preferably focus on 1-2 domains per feedback opportunity.

What have you learnt from this case? *(To be completed by trainee after discussion)*

Areas of strength *(To be completed by assessor and trainee after discussion)*

Areas for improvement (*To be completed by assessor and trainee after discussion*)

Learning goals and action plan *(To be completed by assessor and trainee after discussion)*

### About the form

A case-based discussion (CbD), is a retrospective workplace-based assessment method. Essentially, it consists of a structured interview between a supervisor / trainer and a trainee. The CbD focuses on exploring the professional judgement of the trainee in a clinical case that (s)he has encountered and managed autonomously. The CbD is based on clinical documentation produced during that encounter. Feedback may include: recognising uncertainty with regard to the diagnosis and treatment plan or the ability to consider implications of certain management decisions. Topics should be chosen jointly by the trainee and assessor to address specific learning needs. The assessor can choose to focus on only 1-2 items in order to facilitate appropriate and effective feedback. For instance, a nurse only provides feedback on the follow-up plan of the trainee.

The trainee fills out the first open text box and critically revises the case and the documentation. A face-to-face discussion follows with the assessor and the last 3 sections are filled out in consensus. The self-appraisal performed by the trainee is also the object of discussion and feedback.

### Scope of the CbD in the rheumatology setting

CbDs are especially useful to evaluate practical and clinical competences reflected in clinical documentation. Rheumatology-specific competences that can be assessed in this way include, but are not limited to, correct collection, summarization and prioritizing of symptoms and signs of rheumatological diseases, good record keeping, empathic and professional behaviour, development of plans for clinical investigations and management, providing a rheumatology consultation to other specialties and providers and participating in a multidisciplinary team meeting. The national curriculum or alternatively available European curricula can be used as a reference.

The same assessment method can be used to evaluate different competences depending on the selected case and focus. On the other hand, the same competences can be assessed using different methods (e.g. clinical reasoning through CbD or mini-CEX). The choice of cases, settings and assessment methods should be planned to allow a comprehensive and systematic cover of the educational needs of the trainee according to the stage of professional development.