



## CASE-BASED DISCUSSION

### Guidance for assessors and trainees in chemical pathology

#### What is case-based discussion?

Case-based discussion (CbD) is a way for trainees to present and discuss their cases with more experienced colleagues throughout their training and obtain systematic and structured feedback from the assessor. It is designed to assess decision-making and the application or use of medical knowledge in relation to the care of patients where the trainee has been involved either clinically or through their laboratory involvement. It also enables the discussion of the ethical and legal framework of practice and in all instances, it allows trainees to discuss why they acted as they did. The trainee selects two cases which they have recently been involved with. One of these will be chosen by the assessor for the case-based discussion which will be centred on the trainee's documented involvement either in the medical notes or laboratory records and reports. The trainee chooses the timing, the cases and the assessor. The discussion should take no longer than 15-20 minutes. The assessor will then spend 5-10 minutes providing immediate feedback. The assessor will complete the assessment form with the trainee present; it must be as soon as possible after the discussion takes place.

The assessment is performed against the standard expected at the end of the trainee's current stage of training (A to D). Please see the section below for more information on the standards for assessment.

- ▶ [Chemical pathology overview](#)
- ▶ [Purpose of assessment tools](#)

#### Suitable cases

Examples of areas suitable for CbD are:

- Discussion of a range of cases in areas of
  - general biochemistry
  - diabetes and endocrinology
  - lipidology
  - nutrition
  - inherited metabolic disease
  - 'special investigations'.
- Involvement in critical incident or patient safety event.
- Case involving diverging diagnostic opinions.
- Case raising health and safety/risk management issues.
- Evaluation of QC/QA data.

#### Who can be an assessor?

Assessors can be consultants (medical or clinical scientist), staff grade and associated specialists (SAS), senior biomedical scientists (BMS), clinical scientists, a more senior trainee or other healthcare professionals competent in the area being assessed (e.g. nurses). Assessors do not need prior approval from the College or prior knowledge of the trainee but should be briefed about the standard required of the stage of training (see curriculum). For optimum reliability, assessments should be undertaken by as many different assessors as possible. Trainees are encouraged to include assessments from a broad range of consultants and senior staff.

- ▶ [Curriculum](#)

### **How does the assessment work?**

The process is led by the trainee who chooses the case for discussion and the assessor. However, over time the assessments should cover a broad range of cases and a range of assessors.

The process is a structured discussion between trainee and assessor, with the trainee talking through what occurred, considerations and reasons for actions. It should take no longer than 15–20 minutes, followed immediately by feedback lasting about 5-10 minutes.

At the end of the discussion, a CbD form should be completed by the assessor with the trainee present. Workplace-based assessments should be recorded in the [Learning Environment for Pathology Trainees \(LEPT\) system](#). The LEPT system is an ePortfolio to capture trainees' progress during training. It records workplace-based assessments including multi-source feedback (MSF) and includes a functionality to support the [Annual Review of Competence Progression \(ARCP\)](#) process. However, the printable workplace-based assessment forms on the College website will still be available, for instances when trainees/assessors do not have direct access to a PC/internet when the assessment is being conducted. In such cases, it is expected that the forms will be used to record the assessment with the intention of transferring the contents to the LEPT system either by the trainee or assessor.

### **Standards for assessment**

Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

- Stage A** – ST1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.
- Stage B** – ST2 and ST3 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.
- Stage C** – ST3 onwards leading to the Part 2 examination. The trainee will be undertaking further specialised general training.
- Stage D** – Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'.

### **Grading scale**

The form offers a grading scale from 1-6:

- 1-2 Below expectations
- 3 Borderline
- 4 Meets expectations
- 5-6 Above expectations

### **Definition of borderline**

In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Definitions for the grading scales are provided at:

► [Standards for assessment tools](#)

### **Outcome of assessment**

The outcome of the assessment is a global professional judgement of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

- Satisfactory - The trainee meets the standard overall
- Unsatisfactory - The trainee needs to repeat the assessment

### **Feedback**

To maximise the educational impact of CbD, aspects of performance that are particularly good as well as those where there is scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the CbD form.

### **Record keeping**

An assessment should not be approached as if it was an examination. After completing the An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. If the paper-based assessment form was completed in the first instance for entering onto the LEPT system at a later date, then it should be duly signed and dated by the trainee and the assessor. Trainees are asked to check with their local arrangements whether they are required to give a photocopied version of the form to their educational supervisor/assessor and/or retain the original copy of the form in their portfolio for possible presentation to the ARCP panel.

▶ [CbD form](#)

**Thank you for discussing the case and providing feedback.**

**ASSESSMENT DEPARTMENT  
MARCH 2018**

[assessment@rcpath.org](mailto:assessment@rcpath.org)