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| Intern Year Workplace-Based Assessment ProjectCase-based Discussion  |
|  April 2021 | Version 0.3 |

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# List of Abbreviations

|  |  |
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| Abbreviation | Term |
| APC | Australian Pharmacy Council |
| CbD | Case-based Discussion |
| ITP | Intern training program |

# Who should use this document

This document outlines the Case-based Discussion (Cbd) process and tool developed by the Australian Pharmacy Council (APC) for use in the assessment of pharmacy interns in Australia. The tool is intended to assist with the assessment of an intern’s achievement of one or more of the performance outcomes listed in the *Performance Outcomes Framework* which accompanies the *Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020*. It is therefore of relevance to **interns**, **preceptors**, **supervising pharmacists** and **Intern Training Program providers**.

**Interns** will use the tool and the template for preparing and presenting a review of a case encountered in the workplace for discussion with their supervisor.

**Preceptors and supervising pharmacists** will use the tool and template for assessing the intern’s performance, providing feedback to the intern, and jointly formulating a plan for future development with the intern.

**Intern Training Program (ITP) providers** will incorporate the tool into the Intern Portfolio, which is the compiled record of the intern’s achievements during the intern year, and which is used as the basis for determining whether the intern has achieved many of the performance outcomes. ITP providers may choose to use the completion of CbDs as part of the formal requirement of the ITP.

# Case-based Discussion (CbD)

As interns participate in workplace activities, they will encounter situations where they are actively engaged in the provision of care to patients and/or carers. Initially, interns’ contributions may be limited only to certain aspects of a case, but as they gain more experience, they are likely to be given increased autonomy and responsibility, and also to be engaged in cases of greater complexity. In order to obtain the greatest benefit from their engagement in cases and the associated critical thinking and problem-solving, debriefing with a more senior colleague after the event is very important.

CbDs are retrospective explorations of cases or scenarios by interns and supervisors. Ideally, the chosen case should be one in which the intern was actively involved, as this provides a richer learning opportunity. However, it is recognised that some interns may not encounter a sufficiently broad range of cases, and therefore it may be valuable to base some discussions on carefully chosen cases in which the intern was not involved. These may be historical or contemporary cases; in addition to providing a broader range of cases and scenarios than might be experienced in an individual workplace. This approach may also be used to provide an increased consistency of learning experiences for a number of interns.

CbD typically involves a comprehensive review of a particular case, usually clinical, where the learner researches and presents the outcomes of a case review, and engages in a structured discussion with the supervisor who provides feedback and offers prompts for further consideration by the learner.

CbD facilitates the development of critical knowledge, skills and attitudes underpinning person-centred care, and is ideally designed to promote learning in addition to acting as a formative and/or summative assessment. It is suitable for the simultaneous assessment of multiple performance outcomes and a range of interdependent skills including clinical reasoning, critical thinking, decision-making, professional judgement, implementation of decisions and follow-up. To reflect these characteristics of CbD, a single tool has been developed which can be used flexibly to facilitate assessment of multiple performance outcomes, individually or in an integrated manner.

The four performance outcomes which this tool is specifically intended to assess are:

* **3.7** assessing current health, medical and medication histories and profiles of patients
* **3.8** formulating and implementing health, medical and medication management plans in collaboration with patients, carers and other health team members
* **3.9** formulating and implementing appropriate monitoring of the outcomes of health, medical and medication management plans and adjusting them where appropriate in collaboration with patients, carers and other health team members
* **3.10** facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications.

### Purpose of the tool

The purpose of this tool is to provide interns and supervisors with structured guidance to scaffold learning and facilitate assessment from discussion of a case encountered in the workplace.

### Components of the tool

The tool comprises the following elements:

1. guidance for interns and supervisors on CbD and the use of the template
2. the template for assessment and feedback.

### Outcomes

In general, on completion of the activity, the intern is expected to have demonstrated achievement of, or progress towards achievement of performance outcomes 3.7 to 3.10. The activity may also provide evidence relating to other performance outcomes, and this should be recorded in the template.

### Process

The first step in the process is to choose an appropriate case on which to base the CbD. This should generally be done by the supervisor in conjunction with the intern and should be tailored to the intern’s current stage of progress. The case should also align with one or more of the constituent components of the performance outcomes against which the intern is being assessed. To maximise the potential for learning, the case should ideally be one which was within the intern’s capacity, but presented some challenges and stretched the intern.

The intern should spend some time reviewing the case and preparing a summary of the key aspects, beginning with history taking and information gathering, through to follow-up and self-management strategies and recommendations. The intern should include a reflective section where they self-assess their own performance, and both strengths and areas for improvement are identified.

While this tool is not specifically designed to account for legal and/or ethical issues arising from the case, these elements could also be included in the case summary if relevant. Similarly, pharmacological and/or pharmacokinetic aspects are not specifically accommodated but should be included where they have a bearing on the case. The assessment template provides space for additional elements to be added by the supervisor, and pharmacological/pharmacokinetic/legal/ethical and any other relevant issues could therefore be included in the assessment and feedback process.

The time allowed for discussion between the intern and supervisor should be at least 30 minutes, and the discussion should take place in an area with minimal distraction. During this time, the intern should present the case, including aspects such as presenting condition or clinical problem, medical and medication history, evidence-based approaches to treatment including pharmacological and non-pharmacological therapies, need for referral, follow-up, monitoring and self-management.

The supervisor should question the intern to probe understanding, critical thinking and professional judgement skills, and to encourage additional reflection on the case. The supervisor should complete the assessment and feedback template following the discussion, provide feedback to the intern, and agree with the intern on the areas in which the intern needs development.

Finally, the intern and supervisor should jointly plan the actions needed for the intern’s further development.

### Flowchart

The flowchart details the steps which comprise the activity.

Figure Steps which comprise a CbD activity

# Assessment

Exemplars which have been used as the basis for the development of the template include those used by Monash University, SA Pharmacy, the Royal Pharmaceutical Society, the Royal Australian College of Physicians, and the Royal Australian and New Zealand College of Psychiatrists.

The basis for assessment judgements is that of the extent to which the intern ***meets expectations*** for their level of experience and stage of internship. This means that considerable judgement is needed by the supervisor in assigning ratings; further, what constitutes meeting expectations will clearly change as the internship progresses. Supervisors are encouraged to reflect in advance of the discussion phase on their own expectations, and to be realistic in their assessments, particularly in the early stages of the intern year.

Four rating levels are included, namely ***Below expectations***, ***Borderline***, ***Meets expectations***, and ***Exceeds expectations***. The following table is a guide to the use of these ratings.

Table Assessment ratings

|  |  |
| --- | --- |
| **Below expectations** | Intern’s performance meets expectations in few, if any, aspects of the criterion; major concerns exist about the intern’s demonstrated performance |
| **Borderline** | Meets expectations for some aspects of the criterion but not others; some concerns exist about the intern’s demonstrated performance  |
| **Meets expectations** | Comfortably meets expectations for most or all aspects of the criterion; no major concerns exist with the intern’s demonstrated performance |
| **Exceeds expectations** | Meets expectations for all aspects of the criterion, and demonstrates performance to a level greater than is usually expected for the stage of the internship |

By the end of the intern year, the intern is required to demonstrate performance which would meet the expectations of a pharmacist who has newly gained general registration.

# Assessment and feedback template

Please complete this template by ticking the relevant rating for each criterion. Please also provide feedback in the comments section about why you assessed the intern’s performance as you did.

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern name** |  | **Clinical setting** |  |
| **Date**  |  | **Complexity of case** |  Low  Medium  High |
| **Stage of internship** |  0-3 months  3-6 months  6-9 months  9-12 months  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criterion: The intern’s …** | **Below expectations** | **Borderline** | **Meets expectations** | **Exceeds expectations** | **Not applicable** |
| Explanation of case background including presenting condition or problem, medical history, medication history, other relevant background information  |  |  |  |  |  |
| Identification and prioritisation of patient problems and needs |  |  |  |  |  |
| Formulation of appropriate recommendations for pharmacotherapy including evidence base, consideration of benefits and risks (e.g. side effects, precautions, drug interactions)  |  |  |  |  |  |
| Identification of relevant non-pharmacological measures |  |  |  |  |  |
| ***If relevant:*** Communication with patient and/or carer including counselling on therapies, benefits and risks |  |  |  |  |  |
| Formulation of appropriate follow-up and/or referral |  |  |  |  |  |
| Explanation of appropriate and feasible self-management strategies  |  |  |  |  |  |
| Reflections on the case and its outcomes |  |  |  |  |  |
| Other relevant aspects of the case (explain) |  |  |  |  |  |
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| **Feedback on areas of strength** | **Feedback on areas for development** |
|  |  |
| **Development plan** |
|  |
| **Other performance outcomes demonstrated in this activity** |  |

Intern signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_