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| Case-based Discussion (CbD)  Preceptor and Intern User Guide |
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# List of Abbreviations

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| Abbreviation | Term |
| APC | Australian Pharmacy Council |
| CbD(s) | Case Based Discussion(s) |
| DAA | Dosing Administration Aids |
| ISBAR | Identify-Situation-Background- Assessment-Recommendation |
| ITP | Intern Training Program |
| WBA | Workplace based assessment |

# Who should use this document?

This document is to be used by pharmacist interns, preceptors, supervising pharmacists, and Intern Training Program (ITP) providers.

The document outlines the Case-based Discussion (CbD) documentation developed by the Australian Pharmacy Council (APC) to assist with the assessment of an intern’s achievement of one or more of the performance outcomes required to be demonstrated at the point of general registration as a pharmacist.

**Interns** will use the associated forms and templates, presenting a case encountered in the workplace for discussion with their supervisor.

**Preceptors and supervising pharmacists** (collectively referred to as Supervisors) will use the associated forms and templates to document observations of intern performance, provide feedback, assess intern performance and jointly formulate the intern’s development plan.

**Intern Training Program providers** will incorporate authentic Case-based Discussion into the Intern Portfolio. The portfolio is the compiled record of the intern’s achievements during the intern year and is used as the basis for determining whether the intern has achieved the relevant performance outcomes required at the point of general registration.

# Supporting documents

Familiarity with the following documents is recommended and they should be read in conjunction with this User Guide.

1. Intern pharmacist and Preceptor Guide. Current version. Published by the Pharmacy Board of Australia. Available on the Pharmacy Board of Australia website. [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au).

1. Performance Outcomes Framework 2020. Published by the Australian Pharmacy Council (APC). Available on the APC website [www.pharmacycouncil.org.au](http://www.pharmacycouncil.org.au).
2. Intern Year Assessment Blueprint. Current version. Published by the Australian Pharmacy Council (APC). Available on the APC website. [www.pharmacycouncil.org.au](http://www.pharmacycouncil.org.au)

# Overview: Case-based Discussion (CbD)

As interns participate in workplace activities, they will be 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. To obtain the greatest benefit from their engagement with patients and the associated critical thinking and problem-solving, debriefing with a more senior colleague is very important. This facilitates future skills development through reflection on areas of strength and areas where improvements could be made.

Case-based discussions 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 cases carefully selected by the supervisor where the intern may not have been 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 interns.

CbD typically involves a comprehensive clinical review of a case, where the intern researches and presents the outcomes of delivering care 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.

## 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.

## Performance Outcomes

In general, on completion of the activity, the intern is expected to have demonstrated achievement of, or progress towards achievement of, the following performance outcomes[[1]](#footnote-2).

* 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

# Case based discussion process

Flowchart

The flowchart (Figure 1) details the steps which comprise the CbD activity.

Figure 1: CbD Process

## Case selection

The first step in the process is to choose an appropriate case on which to base the CbD. Interns should be encouraged to take an active role in selecting the case. In this way, interns can choose cases that match their specific learning needs while also enhancing the relevance and motivation of the learning experience. For example, Interns may choose to discuss cases that stimulate their curiosity and critical thinking.

Interns may seek guidance from their supervisor to ensure their chosen case is aligned with their current stage of training, and there should be consensus with the supervisor before they start preparing the case. Interns may require more support at the start of their practice period and less support as practice period progresses.

Tips for selecting authentic cases:

1. **Intern involvement:** The intern has been directly involved in delivery of care or interaction with the case.
2. **Recent encounter**: Selecting a recent case makes it easier to recall important details
3. **Opportunity to consolidate learning**: This does not mean that the case needs to involve a specific medicine use problem. A case illustrating well-controlled asthma provides the opportunity for the intern to appreciate what appropriate asthma control looks like.
4. **Opportunity to assess clinical judgement**: CbD is designed to assess clinical judgment, therefore cases that lack opportunities to showcase clinical decision making should be avoided. For instance, it’s best to refrain from using cases related to conflict resolution, change management or business management for this activity.
5. **Diverse patients**: Consider the wide range of patient encounters that may occur in your practice setting that provide good sources for identifying cases. For example, Pharmacist only medicine counselling; Dose Administration Aid (DAA); home deliveries; medication management reviews (MMR); compounding; symptom-presentation; advice for complementary and alternate medicines; managing drug interactions, patient allergies, or suspected adverse drug reactions.
6. **Variety:** both supervisors and interns should ensure that a reasonable **VARIETY** of cases and issues are included to expose interns to a range of clinical scenarios and challenges.
7. **Case complexity** (see below): choose a case that matches intern stage of training. For example, you may begin with recommendations for over-the-counter medicines, however, keep an eye out for patients who have comorbidities and multiple health care needs which could make what may at first appear to be a simple case, rather complex.

## Case complexity

It is expected that as an intern proceeds through their period of supervised practice, their capacity to review cases of increasing complexity will increase. It is not possible to define unambiguously what a low, medium, and complex case might entail as it is largely subjective; however, supervisors should use their judgement to guide interns to cases which are likely to stretch them at the current point in their development.

Complexity may involve co-morbidities, polypharmacy, age-related factors, patient-related factors (e.g., swallowing ability), cultural and/or communication barriers, presence of disabilities, and other factors which create a level of uncertainty and require significant clinical judgement skills.

The relative complexity of a case can also be increased by asking the intern to consider the effect of hypothetical changes to some of the parameters. For example, the supervisor could ask the intern what would have changed if the patient had different co-morbidities, or a language barrier.

Increased complexity may also be reflected in increased responsibility and autonomy granted to the intern in managing the case. Interns are expected to demonstrate increasing sophistication in the way that they ask questions, consider options, and make decisions as the year and intern experience progresses.

## Case preparation

Interns should prepare for a presentation of a case summary to their supervisor. A case presentation (see below) does not mean a presentation delivered with PowerPoint in a lecture room. Case presentations are a means of communication between health care professionals about a patient that can be done verbally in an informal setting. The purpose is to share a clear picture of the patient’s clinical condition and to present the rationale for a treatment plan[[2]](#footnote-3). Although informal, there are standard structures or formats for presenting. It should be noted that interns may be familiar with specific approaches such as the Identify-Situation-Background-Assessment-Recommendation(ISBAR)[[3]](#footnote-4)approach.

The intern should therefore spend some time gathering as much relevant information about the case as possible, reviewing the case and preparing a summary of the key aspects, from history taking and information gathering, through to follow-up and self-management strategies, identification and prioritisation of any medication-related problems, and recommendations.

### A note about ISBAR

The ISBAR framework, which was introduced to structure and facilitate effective communication between health care professionals, particularly when time constraints are apparent, can be used as the basis for a case presentation.

|  |  |
| --- | --- |
| Introduction or Identify | *Who you are, your role, where you are and why you are communicating* |
| Situation | *What is happening at the moment?* |
| Background | *What are the issues that led up to this situation?* |
| Assessment | *What do you believe the problem is?* |
| Recommendation | *What should be done to correct this situation?* |

## Intern reflection

The intern should reflect on the process of preparing the case, and document their reflection in preparation for the feedback discussion with the supervisor following the case presentation.

## Case presentation

The intern and supervisor should set aside sufficient time for the intern to present the case summary to the supervisor, and for follow-up discussion and feedback from the supervisor. The time allowed for discussion between the intern and supervisor will vary depending on the complexity of the case. Ideally, the discussion should take place in an area with minimal distraction.

While there are different ways that an intern can choose to structure the case presentation, the following is offered as a helpful general approach.

1. Explain the background to the case, including the presenting condition or problem, patient medical and medication histories, any available test results, and other relevant background information
2. Identify the issues which are present, if any, and prioritise the patient’s problems and needs
3. Formulate appropriate recommendations for pharmacotherapy including evidence base, consideration of benefits and risks (e.g., side effects, precautions, drug interactions)
4. Prioritise recommendations
5. Identify any relevant non-pharmacological measures
6. Formulate appropriate follow-up and/or referral strategies
7. Identify and explain any appropriate and feasible self-management strategies
8. ***If relevant:*** Communicate with the patient and/or carer including counselling on therapies, benefits, risks, follow-up, and self-management

## Assessment

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.

Three rating levels are included in the assessment form. Namely, ***Below expectations***, ***Borderline***, and ***Meets expectations***. The following table is a guide to the use of these ratings. It is important for both interns and supervisors to have a shared understanding of what is expected at different stages of the intern year, and these should be discussed before the intern commences the activity. Expectations should therefore be set RELATIVE to the intern’s current experience. These expectations will therefore change over the course of the intern year, and it may be that an intern will meet expectations on a simple case early in the year but fall below expectations with a more complex case later in the year.

Expectations in relation to at least two aspects of the intern’s performance should increase with increased experience:

* the cases should ideally increase in complexity with time
* the depth and quality of the intern’s responses should increase with time, particularly in relation to critical thinking and decision making – this would be expected even if case complexity does not increase significantly

|  |  |
| --- | --- |
| **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 |

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.

## Feedback

Following the case presentation, the supervisor should engage in discussion and provide feedback to the intern. This feedback can cover the clinical aspects of the case as well as the way that the intern prepared and presented the case.

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 document their feedback in the *Case based Discussion: Intern Assessment and Feedback Form* following the case presentation, provide feedback to the intern, and agree with the intern on the areas in which the intern needs development. As a guide to providing feedback, it is helpful to focus on promoting future learning and development, and this is facilitated by specific, timely and realistic feedback. It may be convenient to structure the feedback using categories

* what the intern should KEEP doing
* what the intern should START doing
* what the intern should STOP doing

## Development plan

Following the intern’s case presentation, and feedback from the supervisor, the final stage should creation of the SMART development plan by the Intern. The plan should outline the actions needed for the intern’s further development. This planning may take place as part of the same session, or the intern may wish to reflect further on the feedback received and create the Development Plan at a later date.

This plan should include strategies for improvement of any areas which were rated as Borderline or lower but should also consider areas where the intern met expectations as well. It is likely that the intern may be able to finetune their performance in these latter areas and build on the strengths that they demonstrate earlier in the intern year. Outcomes from the development plan can form part of the discussion for subsequent case presentations.

It is recommended that development plans are entered and tracked in the interns individual training plan. A sample training plan is provided at [www.pharmacycouncil.org.au/workplace-based assessment/](http://www.pharmacycouncil.org.au/workplace-based%20assessment/).

1. Accreditation Standards for Pharmacy Programs in Australia. Performance Outcomes Framework 2020. ©Australian Pharmacy Council at [Accreditation Standards for Pharmacy Programs | Australian Pharmacy Council](https://www.pharmacycouncil.org.au/resources/pharmacy-program-standards/) [↑](#footnote-ref-2)
2. How to present patient cases. BMJ 2014;357:i4406;  doi: <https://doi.org/10.1136/sbmj.i4406>  [↑](#footnote-ref-3)
3. For more information see; [ISBAR- A standard mnemonic to improve clinical communication (sahealth.sa.gov.au)](https://www.sahealth.sa.gov.au/wps/wcm/connect/8a8b26804896068a9cb8fc7675638bd8/15111.3-+Clinical+Handover+Fact+Sheet+%28V1%29WebS.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-8a8b26804896068a9cb8fc7675638bd8-nwKWYoN) [↑](#footnote-ref-4)