

Case-based Discussion (CbD) – Anaesthesia

Please complete the questions using a cross (x). Please use black ink and CAPITAL LETTERS.

Trainee's surname:

Trainee's forename(s):

GMC number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain clinic Other

Case category: Elective Scheduled Urgent Emergency ASA Class: 1 2 3 4 5

Case:

Assessor's position: Consultant SASG SpR Nurse Other

Number of times previous CbD observed by assessor with **any** trainee: 0 1 2-5 5-9 >9

Please grade the following areas using the scale below:		Below expectations		Borderline	Meets expectations		Above expectations		U/C*
		1	2	3	4	5	6		
1	Anaesthetic record keeping								
2	Pre-op assessment and review of Investigations								
3	Choice of anaesthetic technique								
4	Anaesthetic management								
5	Post-op care								
6	Professionalism								
7	Overall clinical care								

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Evidence of good practice?	Suggestions for development
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Agreed action:

Not at all Highly

Trainee satisfaction with CbD: 1 2 3 4 5 6 7 8 9 10

Assessor satisfaction with CbD: 1 2 3 4 5 6 7 8 9 10

What training have you had in the use of this assessment tool? Face-to-face Have read guidelines Web/CDROM

Assessor's signature: Date:

Time taken for observation (in minutes): Time taken for feedback (in minutes):

Assessor's name:

Assessor's GMC number: *Acknowledgement: Adapted with permission from the American Board of Internal Medicine.*

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Case-based Discussion (CbD) – Anaesthesia

Case-based discussion is designed to evaluate trainee clinical practice, decision-making and the interpretation and application of evidence, by reviewing their record of anaesthetic practice. Its primary purpose is to enable a conversation between trainee and assessor about the presentation and anaesthetic management of a patient. It is not intended as a test of knowledge, nor as an oral or clinical examination. It is intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case. Trainers are always evaluating the clinical practice and clinical management skills of their trainees subjectively and this tool is a way of formalising that process.

CbD is useful throughout training and especially as a basis for discussion of complications that may have occurred where the trainee was not directly supervised by a consultant. Another example is for discussion of rare events that may not have occurred during the trainee's attachment such as eclampsia in obstetric anaesthesia, air embolism in neurosurgical or cardiac anaesthesia, total spinal block in regional anaesthesia, epiglottitis in paediatric anaesthesia. Such discussions may also incorporate an assessment of the adequacy of a trainee's record keeping, although this is not the primary purpose of CbD.

In practical terms, the trainee will arrange a CbD with an assessor (Consultant or Senior trainee) and bring along a selection of three anaesthetic records from cases in which he/she has recently been solely involved. The assessor selects one and then engages the trainee in a discussion around the pre-operative assessment of the patient, the choices and reasons for selection of techniques and the management decisions with respect to pre-, intra- and post-operative management. The assessor then scores the trainee in each of the seven domains described below, using the standard form.

It may be appropriate only to score three or four domains at a single event, and it should be emphasised that the purpose of the tool is to understand the decision making processes and thinking of the trainee. CbD is the trainee's chance to have somebody pay close attention to an aspect of their clinical thinking and to provide feedback. Feedback and discussion is mandatory.

Domain	Descriptor
Anaesthesia record keeping	Complete Signed Legible Dated Appropriate drug and IV chart
Pre-op assessment and review of investigations	Implication for anaesthetic management
Choice of anaesthetic technique	Reasoning Alternatives Risks and benefits
Anaesthetic management	Intra-op management decisions Incidents
Post-op care	Analgesia Fluids Post-op instructions – alternatives
Professionalism	Self-evident
Overall clinical care	Self-evident