

Cased Based Discussion (CBD) – Guidance

Case based discussions (CBD) are a great way to explore capability, clinical reasoning and critical thinking. The CBD is a structured interview designed to assess your professional judgement in clinical cases. CBD is one of the tools used to collect evidence for your Portfolio of evidence of capability, as a Workplace Based Assessment.

They should be pre-planned and based on the clinical record. The CBD form has an area to write pre-planned questions by the clinical supervisor (CS).

There is a useful CBD question maker for GPs on the RCGP Website:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/cbd-for-mrcgp-workplace-based-assessment.aspx>

Good practice would be for the ACP (Primary Care Nurse) to send the clinical supervisor (CS) 3 or 4 cases – could do this by sending a task on system one for example. The CS can have a look at the cases/records and choose one to discuss.

Consultations should be drawn from a range of patient contacts that reflect the scope of the ACP role. E.g. children, older adults, mental health, etc.

The CS should ask the ACP (Primary Care Nurse) to 'present' the chosen case to them.

The CS can then ask questions and a discussion can follow.

What's covered in the discussion

The discussion is framed around the actual case rather than hypothetical events. Questions should be designed to elicit evidence of competence; the discussion should not shift into a test of knowledge.

Your clinical supervisor will aim to cover as many relevant capabilities as possible in the time available. It's unrealistic to expect all capabilities to be covered in a single CBD, but if there are too few you won't have enough evidence of progress. It's helpful to establish at the start of the discussion which competence areas your trainer or supervisor is expecting to look at.

The clinical supervisor records the evidence harvested for the CBD in the Portfolio, against the appropriate capabilities.

It is recommended that each discussion should take about 30 minutes, including the discussion itself, completing the rating form and providing feedback.

At the end the CS should provide some written feedback for the ACP (Primary Care Nurse):

What went well and why?

Any working points?