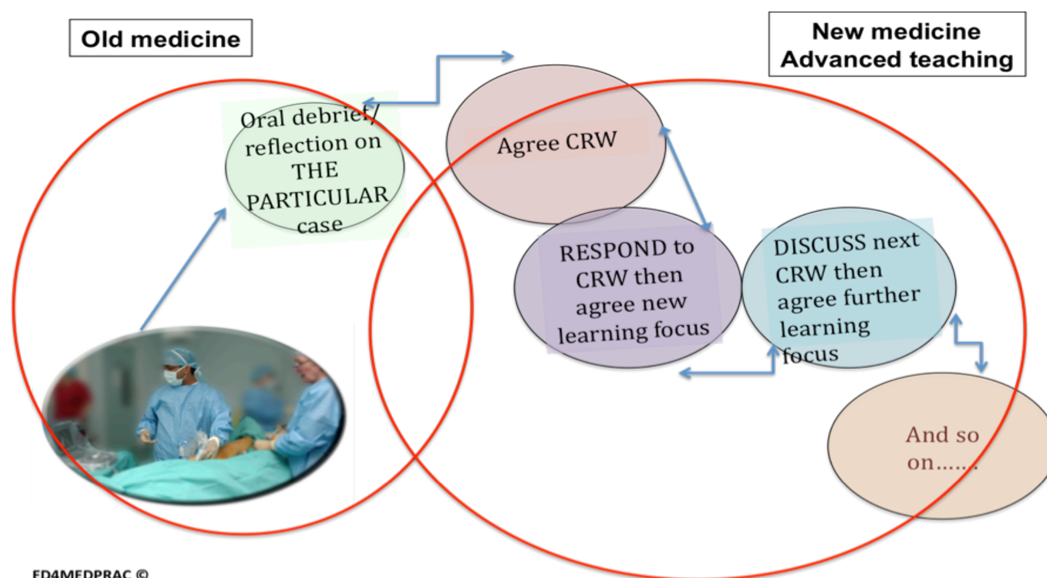
CbD Plus © **as 'More from Less': An introductory paper**

Introduction

This paper announces a new way forward in medical education that we have found can transform Case-based Discussion (CbD) as a current postgraduate assessment process for medicine into something more educationally worthwhile. We offer this as an example of what we call New Medical Education, an enterprise which is characterised by enhanced teaching and learning (Fish and Brigley, 2010). See Figure One below for an indication of the difference between Old and New Medical Education.

We aim to support teachers and learners to make more of their clinical learning opportunities now that time spent in clinical practice is significantly shorter. We call this 'more from less'. No one should be offended by these developments because our ideas (which extend the educational potential of CbD) are the results of extensive research in practice, which is how all curriculum development should work. Indeed, a written educational policy statement is not a once-for-all curriculum-on-paper, but a snapshot of a moment in the progress of educational ideas and how they work out and are developed in the curriculum-in-action by teachers on the ground (Fish and Coles, 2005).

Figure One Old and New Medicine



Our enhanced version — ***CbD Plus*** © — provides a new dynamic which has rigour and a framework that is relevant to clinical practice and which provides recordable evidence of the learner's progression from their own point of view as well as the teacher's. This paper explains briefly why this is important, what is involved and how to do it. A far more detailed exposition of these ideas will soon be available in an Aneumi Press publication, whose title will be: ***CbD Plus*** © **as 'More from Less': Deeping and extending learning from a current assessment process**

CbD as an instrumental approach

Currently CbD is seen purely as an assessment process that is a single and isolated event which is complete in its own right. But to be properly educational, it needs to be: seated in teaching and learning; seen as part of an educational sequence; contextualized to where the learner is and how they are developing; and give evidence of the learning achieved. This does not negate the normal CbD process but significantly adds to it. That is why we call our new version ***CbD Plus*** ©.

As an original 'tool' of the 'trade', CbD was designed to be an oral interaction between teacher and learner. Its framework is the assessment form, which often also acts as the only agenda, where attention is given only to the tick box grading such that the white box space is rarely used for any seriously educational purpose. This largely results in the recording of the "trainer's" opinion and leaves no space for placing on record the thoughts and ideas of the individual learner.

Indeed, the entire mindset of normal CbD is redolent of the technical mode of practice in which as Fish 2011 points out: 'professionals see practice as an episodic activity involving a set of skills or competencies which, alongside attitudes and knowledge, are said to constitute the total sum of professional practice — such that 'anyone with half a brain and no special training might do it', see Carr, 2004, p. 108 and Talbot, 2004).

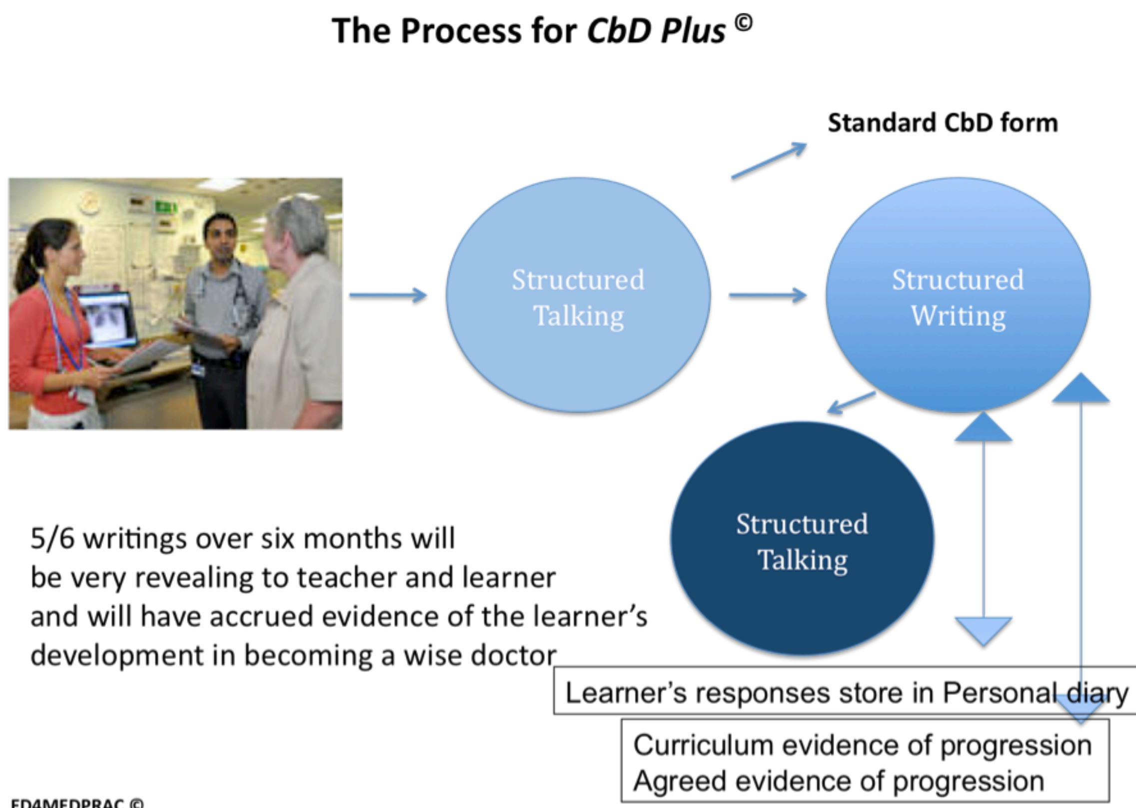
Given the paucity of space in the original CbD form for exploring the learner's clinical thinking and professional judgement, and since these are arguably the defining characteristics of the wise doctor (See Fish and de Cossart 2007) clearly the CbD's technical view of practice is insufficient as the basis for the assessment of medical practitioners.

CbD Plus © as an educational approach

CbD Plus © uses The Invisibles (see Fish and de Cossart, 2007) as a framework for talking and writing reflectively about the learner's understanding of the whole process of caring for an individual patient in the messy context of clinical practice. It also attends to the consequent need to bring the whole doctor to meet the whole patient, as part of the caring process. In fact it uncovers two cases as part of this process: the case of the patient and the case of the learning doctor, so that whilst still attending to the patient it reveals more fully the educational needs of the doctor as learner.

In that sense ***CbD Plus*** © takes account of the much-neglected ontological aspects of medical practice and development of the doctor *as a person and a professional* whose defining characteristics include sound clinical thinking and wise professional judgement. This locates the *CBD Plus*© process within the moral mode of practice and turns it into an exemplary means of ensuring that sound supervision of doctors in training is based on the teacher's understanding of the learner's thinking and an intimate knowledge of their developing capabilities (see Carr, 2004).

Figure Two **The process for *CbD Plus*©**



Some principles for getting started

We recommend that both teachers and learners become comfortable with The Invisibles and Clinical Reflective Writing (see papers 1 and 2 on this site and Fish and de Cossart 2007 and de Cossart and Fish 2011). Throughout the ***CbD Plus***© process learners should expect to demonstrate self-criticism, criticality, skepticism, and should be alert to the subtle help that their supervisor may be offering them.

The requirements of ***CbD Plus***© are as follows.

Before the meeting

1. The case chosen by your learner should be familiar to both teacher and learner and be one that yields well to detailed reflection
2. The learner should construct a set of bullet points that tell the story of the case on one side of A4 and either send these ahead to the teacher or take 2 copies with them to the meeting with the teacher
3. The learner should have a clear understanding of the educational reasons for choosing this case and be ready to share this with the teacher. (The learner should remember that they should be learning BOTH at the level of DETAIL and the level of PRINCIPLE)

4. The learner should book a session of 30 to 45 minutes in an appropriate educational environment with the teacher (or teacher's secretary)

Introduction at the meeting

5. At the meeting the teacher should firstly read the bullet points and construct an agenda in their head of key issues they wish to explore
6. Both the learner's and the teacher's agendas should be shared and a way forward should then be agreed
7. The teacher should begin by inviting the learner to "tell me about your decision-making about this patient" — NOT "Tell me about this patient"!

Structured talking (this is a professional conversation, not a presentation)

8. The learner should make a succinct and concise statement at the start about what this case *is a case of* for THEM, THE LEARNING DOCTOR.
9. The learner should use the narrative bullet points to identify their key thinking and decision-making processes for them
10. The teacher should then focus in on whichever of the Invisibles is appropriate for the learner and their curriculum, and the case and its context.
11. If the teacher finds an element of importance in depth, they do not need to consider the entire case on that occasion, but may be prepared to come back to the case at a later date looking at other elements.
12. Discuss the patient's notes and how the learner has annotated their involvement in the case

Structured Clinical Reflective Writing

13. Whatever has been the central focus of the discussion then needs to become the topic on which the learner is asked to extend their writing first in bullet points and then in flowing prose
14. It will be the judgement of the teacher how much help is given with this task at this meeting
15. A deadline for receiving the writing needs to be agreed
16. The normal CbD form should be filled in by both (independent of each other and then compared)

Teacher's response to Clinical Reflective Writing

17. The teacher needs to respond in writing to the learner's draft.

Structured talking

18. Teachers and learners should meet at least 3 times during an attachment for CbD Plus discussions. This may be to focus further on the same case, or to work on a different one. ... and so on...

Some final comments

It should be remembered in relation to 'more for less' that it is also possible for a teacher to engage with two learners at the same time (thus maximizing the education

for two learners). Equally, it is not impossible for one or several teachers to work together to use a half day session in the classroom with a whole group to explore a case or cases in this way.

References

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