

## A Framework or Process for Random Case Analysis

1. Introduce the session if necessary explain the rationale of RCA, and state if the session is going to be themed (e.g. prescribing).
2. Check the registrar does not have some more pressing agenda or a matter from a previous session that they wish to discuss.
3. Select a case at random and, if not forthcoming elicit background information about the patient e.g. age, sex, previous contacts with the registrar
4. Ask the registrar to tell you about the patient.
5. As you listen to the registrar make notes (mental or otherwise) of areas that it might be productive to explore (see notes on framework).
6. At the end of the registrar's presentation ask if there is anything that he would particularly like to discuss.
7. Aim to address both your own and the registrar's agenda.
8. Work through the agenda, using questions to explore the registrar's strengths and areas of uncertainty, concentrating on the latter
9. If offering information consider "chunking and checking" and reverse summarisation.
10. Identify areas for further learning, make specific plans for dealing with these and agree a date for further discussion.
11. Move onto the next case.
12. At the end of the session recap on areas which require further attention
13. With the registrar evaluate the session.

## Notes on framework

### Do's

- Where appropriate give constructive feedback and praise
- Where appropriate encourage registrar to rehearse exactly what he would say to patients (cons skills)
- Be frugal with anecdote
- Use educational resources, IT, paper, books, journals, published evidence
- If offering information or explanation "chunk and check"

### Don'ts

- Ride your hobbyhorse more than once every 6 months
- Answer your own questions prematurely

### Questions in Random Case Analysis may relate to any area of general practice

- Clinical (history, examination, investigations, and management)
- Consultation tasks and skills, including patient's health beliefs, opportunities for health promotion, chronic disease management, and modification of help seeking behaviour.
- Management and Administrative Issues for the practice
- Contractual Issues
- Prescribing
- Ethical and Legal Issues
- Registrar's emotional response to patients.
- Use of Computerised Records

## SUGGESTIONS FOR RANDOM CASE ANALYSIS

1. At the beginning elicit background information about the case, e.g. age, sex of patient, address, whether it is a new attendance or a follow-up appointment etc.
2. Do not interrupt the Registrar's presentation.
3. Make notes about those areas which you wish to explore.
4. At the end of the presentation ask the Registrar if there are any issues he/she would like to discuss. By subsequent questioning identify and explore the Registrar's strengths and the Registrar's uncertainties. Do not dwell on his strengths but further explore perceived uncertainties.
5. Encourage the Registrar to rehearse exactly what he would say to patients in particular situations (is there a role for role play here!?).
6. Make explicit plans to address the Registrar's areas of uncertainty and make a date to review those plans (this may well involve encouraging the Registrar to look something up and discuss it by a given date).
7. Confirm these arrangements by summarising at the end of the session.
8. Do acknowledge your own uncertainties.
9. Do not answer your own questions prematurely. Ride your hobby horse once every six months only!
10. Be frugal with anecdotes, refer to evidence/source of information whenever possible. Use resources where possible e.g. books, journals.
11. Questions may relate to any area of medical practice, for example:
  - clinical areas (history, examination, investigations, management)
  - consultation, tasks and skills including patients health benefits, opportunities for health promotion, chronic disease management, modification of help seeking behaviour
  - management issues (use of medical records)
  - ethical and legal issues
  - Registrar's emotional response to situations (feelings).