Random Case Analysis (RCA) in workplace-based assessment: a guide for supervisors

Introduction

Random case analysis (RCA) is the term used for the discussion of a recent registrar consultation selected by the supervisor. Importantly the record is chosen by the supervisor (hence 'random'), involves a discussion (hence 'case' rather than 'record') and considers the decisions and outcomes of the consultation (hence 'analysis'). RCA is a well-established tool for teaching and supervision in general practice training.

In 2024 RCA is being added to the RACGP AGPT workplace-based assessment program. Supervisors are required to complete two RCA assessments per term for GPT1 and GPT2 registrars. It is recommended that there is a gap between RCA assessments in each term so that your registrar has sufficient time to reflect on their performance and respond to feedback.

As it is based on registrar consultations, RCA provides an authentic learning and assessment experience. By using cases not selected by the registrar it is more likely that you will uncover your registrar's blind spots – areas where they 'did not know that they did not know.' An RCA assessment can be incorporated into your set aside time for one-on-one teaching.

Providing feedback is essential to making the assessment educational for the registrar.

The Random Case Analysis Method

A framework developed by Morgan and Ingham that can be used to help the analysis of the case is to ask questions based on ***the five domains of General Practice*** potentially extended further by exploring the impact of ***the four contexts*** (doctor, patient, problem, or system) on diagnosis and management. This framework is displayed below.

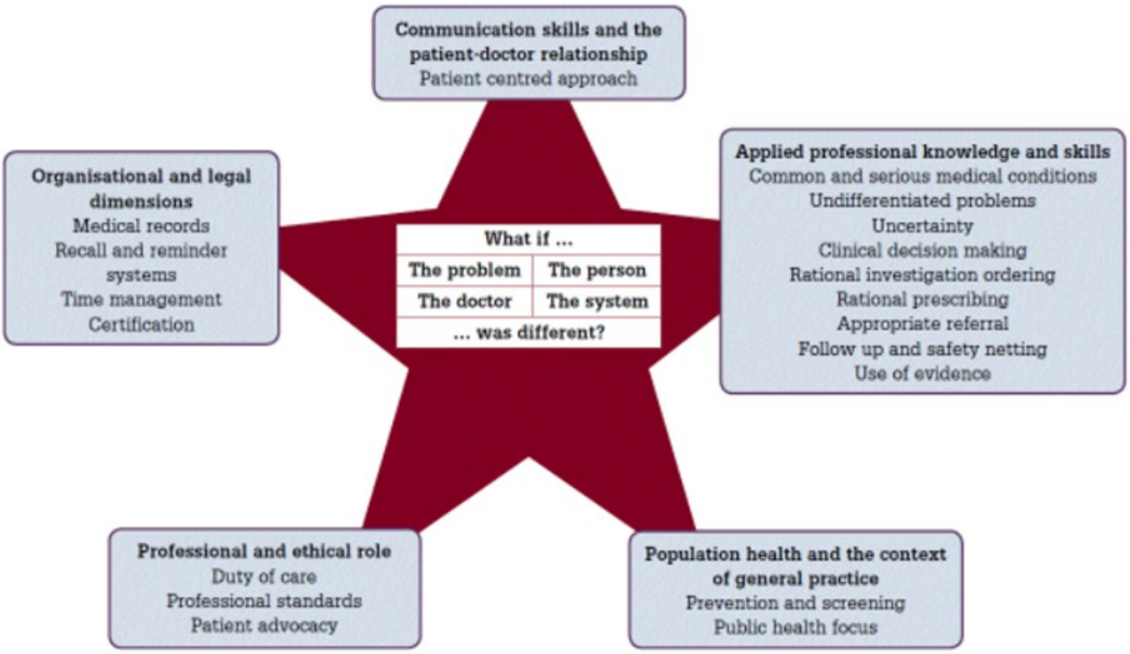

Figure 1. Framework for random case analysis using the RACGP domains of general practice

RCA is particularly suited to assessing clinical knowledge and reasoning (Domain 2) and record keeping (Domain 5). These domains will tend to be where you will find questioning most useful when using RCA purely as a teaching activity. In contrast to this, when RCA is being used as an assessment activity, questioning should extend across all domains to make it a more valid assessment. If the case is already sufficiently complex it may not be necessary to ask the contextual 'what if' questions.

The Steps of Random Case Analysis

1. Set
2. Clarify
3. Explore
4. Feedback
5. Assessment

Step 1: Set

The set of any education session starts with the supervisor clarifying the purpose of the RCA and creating a supportive environment. Here's an example:

In this teaching session I'd like to go look at some of your recent case notes and I'm going to ask you about what happened in the consult and why you made the choices you did. This is called Random Case Analysis and it's a common technique used by supervisors. Now that I'm not routinely reviewing every one of your consultations, it's important to do something like RCA from time to time. From my perspective you've been seeking help appropriately but there are almost certainly going to be things that you are not asking me about because of a knowledge gap you don't know about – a blind spot or 'unknown unknown'. It's pretty normal to find a few things that maybe could have been done differently and of course it's always easy to be clear about things after the event and without time pressure.

Once you have outlined what to expect during the session, next randomly select a recent patient record. An example might be to select the first consultation of the last session or the third patient from three days ago. It is important that the case selection is made by the supervisor.

Step 2: Clarify

During this step, the record of the encounter is reviewed, and your registrar is asked to clarify any abbreviations used. Time is spent considering other relevant components of the record such as past medical history, medications, investigation results, and referral letters. Your registrar can then provide additional background information regarding the case that wasn't documented in the patient record. For example, what they knew of the patient prior to the consultation, the time-pressure they were under, or the patient's mood.

Step 3: Explore

The case is explored or analysed using the Morgan and Ingham framework.

3A Exploration based on the RACGP domains.

The RACGP Domains are typically explored using **'what'** and **'why'** questions.

Below are some questions that can be used:

Domain 1 – Communication Skills and the Doctor-Patient Relationship Questions

- What do you think was the patient's agenda?
- What written or other resources did you provide to aid patient understanding?

Domain 2 – Applied Professional Knowledge and Skills Questions

- What diagnosis or problem definition did you make about this presentation? Why did you reach that conclusion?
- What other diagnoses or possibilities did you consider? Were there any conditions you ruled out? How?
- Are there important problems or diagnoses not to be missed?
- Why did you refer, investigate, or prescribe as you did?
- What follow up was arranged and why?

Domain 3 – Population Health and the Context of General Practice Questions

- What are the appropriate screening investigations according to the RACGP Red Book guidelines for this patient?

Domain 4 – Professional and Ethical Role Questions

- What is your reflection on your handling of this consultation? Were there times where you experienced any uncomfortable emotions?
- Were there any issues related to consent or confidentiality?

Domain 5 – Organisational and Legal Questions

- Reflect on the quality of your documentation. Do you think your notes are a good record of the consultation? Do they contain enough information for another practitioner to continue care?
- What item number did you bill and do your notes justify the billing?

3B. Exploration based on the contextual factors.

These questions may not be required if the case is already sufficiently complex or if you feel that questioning further would impact detrimentally on the learning environment. The four contexts (the problem, the person, the doctor, the system) are typically explored by asking 'what if' questions. Some examples are given below:

The problem context
What if the pain was chronic?
What if the pain was associated with weight loss?

The person context
What if the person was immunosuppressed?
What if the person was an Aboriginal or Torres Strait Islander person?

The doctor context
What if you had not missed diagnosing a pulmonary embolus previously?
What if you had not been hungry and had patients waiting?

The system context
What if you were in a rural or remote community setting?
What if you did not have timely access to pathology or imaging providers?

Step 4: Feedback

Feedback often occurs progressively during the exploration step. After the exploring questions are answered it is natural to responds with either support for the answers given or recommendations about what might have been done differently. Registrars typically do not identify these conversations as 'feedback' and it is often useful to provide a feedback summary at this point. Remember that feedback is a relationship-based activity. Until the relationship with your registrar is well developed, providing significantly corrective feedback may be counterproductive as it may be rejected or damage future feedback conversations. When you identify blind spots in a registrar's knowledge it can be useful to normalise this.

Step 5: Assessment

Assessment should follow on naturally from feedback. It is the documentation of the feedback already given about performance with the additional requirement to rate performance against a standard. In RCA workplace-based assessments you are required to rate performance against the standard at Fellowship. That is, do you think the performance was at the standard one would expect for a competent GP practicing unsupervised anywhere in Australia? Registrars, particularly early in training, are likely to be below this standard and by comparing their performance against Fellowship Standard should enable you to describe what the registrar needs to do differently to reach this standard. This is how the assessment becomes valuable as an educational activity.

The components of the assessment are:

1. Case details – brief details of the case are entered.
2. Rating of performance against Fellowship standard across the 10 competencies used in WBA
3. A global assessment
4. Flagging of any concerns with registrar performance.

Currently, the assessments are not able to be submitted through the Training Management System (TMS). A Word file is available in the documents tab of the TMS for you to download and record your assessment. This should be retained by the practice as a record of the assessment. If significant concerns are raised during the RCA you should make contact with your local medical education team, and it will be useful if you can also send them the documented assessments.

More details of the 10 competences and the assessment rubric are available in the WBA assessor handbook.