

Random Case Analysis

Random case analysis (RCA) is a powerful tool for clinical supervision, teaching and assessment. It can identify gaps in knowledge, assess clinical reasoning skills and allow provision of timely feedback.

This 'How to...' provides a structure for undertaking random case analysis, typically as part of formal in-practice teaching time. It is based on the [2013 AFP article Random case analysis - a new framework for Australian general practice training](#).

For further detail on assessing clinical reasoning, see the GPSA resource '[How to assess and teach clinical reasoning during case discussion](#)'.

RCA MODEL

Case presentation

Explore the case

Pose hypothetical scenarios

Assess and give feedback

Case presentation

- Select a random patient record for review.
- Read through the clinical record with the registrar.
- Ask the registrar to present the case as a problem representation.
- Ask the registrar to provide additional details as required e.g. previous encounters.

TIPS

- Set 'an agenda' for the RCA activity – this may be 'see what comes' or a focus on specific elements of the encounter e.g. prescribing.
- Ensure that the patient record is recent, enabling better recall of the consultation.
- Ensure that the patient record is random, enabling better identification of unknown unknowns.
- Don't let the GP registrar dissuade you from reviewing a particular patient.
- Take notes as you go.

Explore the case - 'whats and whys?'

Explore both clinical and non-clinical issues of the encounter.

EXAMPLE QUESTIONS

Clinical

- What were the key features on history and examination?
- What was your working diagnosis and differential?
- What other investigations could have been considered?
- Why did you opt for that particular management action?
- How did you manage the uncertainty in the presentation?
- What evidence did you seek in managing this case?

The patient-doctor relationship

- What do you think was the patient's agenda?
- Do you think the patient was concerned about anything in particular?
- What do you think the patient expected from the consultation?

EXAMPLE QUESTIONS CONT.

Population health

- Which, if any, opportunistic preventive interventions or screening did you discuss?
- Do you think that the patient's cultural background may have impacted on their presentation and/or management?

Professional and ethical role

- Were there any issues related to consent or confidentiality?
- Were there concerns about patient-doctor boundaries?

Organisational and legal aspects

- Do you think that your notes are a good record of the consultation?
- Does your referral letter contain a clear request and adequate information?
- Did you use the recall or reminder system in this case?
- How was your time management?
- What item number did you bill?

Rural health

- What aspects of the consultation were different due to your rural/urban context?

TIPS

- While the registrar will be often be more keen to discuss clinical aspects of the case, ensure that there is adequate discussion of non-clinical aspects.
- Tailor the discussion to the stage of training of the registrar. For example, basic clinical management and note keeping may be more appropriate for a junior registrar, while management of multimorbidity, for example, might be more suitable for experienced registrars.

Pose hypothetical scenarios – 'what if's'

Pose hypothetical questions to further explore the registrar's knowledge and skills.

EXAMPLE QUESTIONS

- What if the patient were 75? Or a minor?
- What if the headache was waking the patient from sleep?
- What if the patient had requested a medical certificate?
- What if you had been running an hour late?
- What if you were working in a remote setting?

TIPS

- When considering hypothetical scenarios, consider the four factors impacting on the encounter - 'What if the doctor, the patient, the presentation, and/or the system was different?'
- Avoid posing hypothetical questions if the registrar is struggling.

Assess and give feedback

Assess and give feedback to the registrar across a range of domains of practice. Jointly identify learning needs, and how they will be addressed.

TIPS

- Consider the breath of non-clinical aspects of practice, not just the clinical.
- Use a feedback model.