

# Build A Case



Ian Anderson Continuing Education Program  
in End-of-Life Care

# Build A Case – A Teaching Tool

- Case based learning turned upside down.
- Tool for opinion leaders
- Build a case to learn
- Based in clinical experience
- Issues are those of the community



# Building A Case – How to do it!

- Small groups: 5-8 people
- Determine the focus of the case
- Write details down on flip chart as you go



# Build a Case: Initiating the small group



- Ask participants what they wish to focus on
- Ask them to create a person/patient
  - “What is her name?”
  - How did she come to your attention?
  - “Is she married? Children? Does she work?”
  - “Why is she coming to see you?”
  - “Then what happened?”
  - How would other members of the group manage this situation? What would you say? Would you have done anything differently?

# Build A Case – Questions to ask the group

- How did this case come to your attention?
- And then what usually happens?
- How would you/other members of the group deal with this situation?
- What are the decision-making issues here?
- Is this case too complex?
- Is it too simple?
- Are we missing anything?



# How to....



- Explore facets of the case as they arise: participants may contribute details from past situations which they find troubling
- Discussing these details/facets may help participants learn to manage and resolve issues they found difficult in the past
- Explore how different participants would manage the dilemmas/problems/challenges of the case as they arise

# Tips for Facilitators

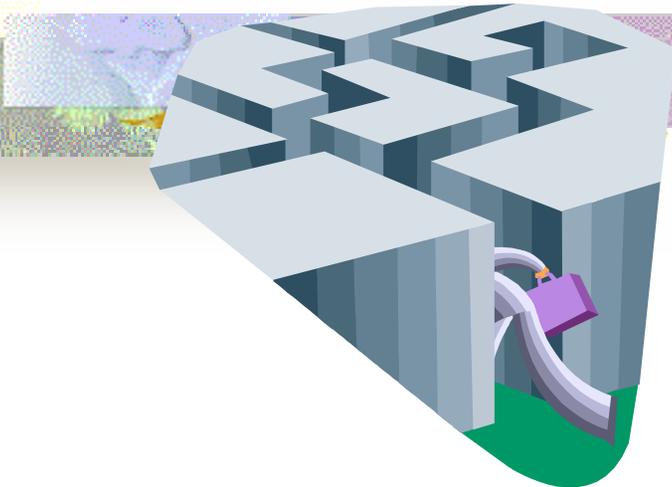


- You can elect where to start a case or what element to focus on.
- You might notice that something is being overlooked (e.g. social situation) and should suggest clarification of these missing pieces.

# Tips for Facilitators



- If the group is hard to get started, ask: “Tell me about the last time that you had a case of \_\_\_\_\_.”
- Then ask: “How did the case come to your attention” and the build a case is initiated.
- Sometimes the group will want to go down different paths,
  - Ask: “Which way would you like to go”
  - Identify the direction and put the other path in a "parking lot" for processing later if time allows.



Ahhh!

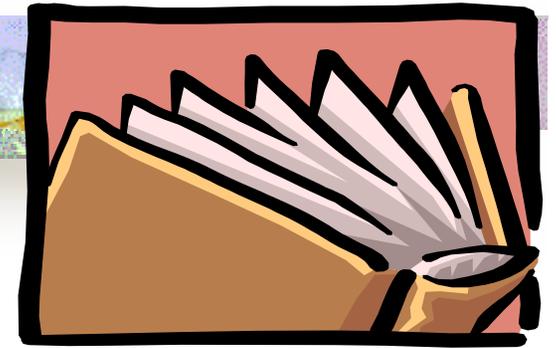
## What to do if two cases emerge...

- Sometimes the facilitator will sense that two significant cases are ready to develop and should use judgment as to whether
  - to stick with one (ask them and have them choose)
  - alternate between both as they move through the stages of case building: initial contact, presenting problems and medical status, assessments and intervention.

# Maximizing Learning



- During the “what would you do” or peer consulting phase, look for diverse opinions.
- Often it’s in the gap between diverse opinions that learning moments emerge.
- The diversity can emerge at any point during the case building.
- Usually learning occurs in the assessment or intervention discussions; however, key learning points may occur at any point while building the case, e.g. the details of how a patient came to the group’s attention may also serve as a learning point



# Introducing the Literature

- Facilitators should never become “*The Expert*”
- Evidence/best practice is introduced by asking:  
“Have you seen the recent New England Journal article on...”  
“ Have you seen the clinical guidelines on...”
- Any participant can introduce evidence/literature:  
part of learning from peers



# Learning and Changing Practice

- After asking about awareness, focus on other components of change theory:

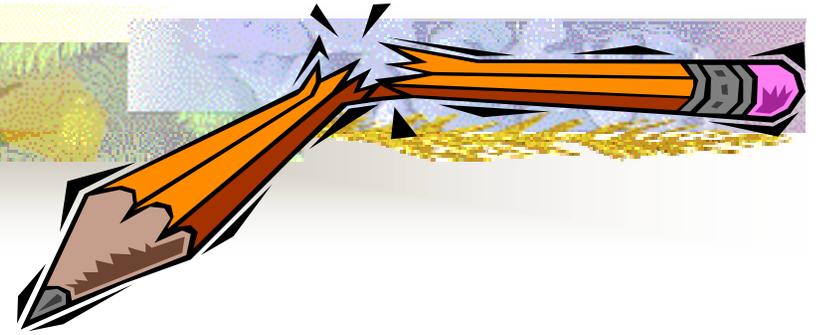
Agree

Adopt

Adhere

- Ask: “Do you agree with these guidelines?”
  - “What would make these guidelines work for you?”
  - “What would make it easy for us to adhere to these guidelines?”

# Challenges



- Discussion can head down many paths as the case is built and details emerge
- Explore some of these paths briefly even if goal of the group is to focus on a particular area/management issue only – may be rich source of learning
- Method calls for facilitators to relinquish control: end/issues discussed are not prescribed as in traditional PBL
- Cases may take on a life of their own and can be continued during follow up sessions

# “Difficult” Participants



- Don't let one participant dominate with his/her “difficult case”
- Emphasize that goal is to create a typical case, not discuss one in particular
- Role of participants is to add details/features to the case which will be sources of discussion
- These details/features can and should be drawn from situations that have arisen in their past experiences

# Build a Case – How to end a session

- End the case building session

## REVIEW:

- Allow 5-10 minutes
- Review the case
- What did you learn?
- What strategies did you develop to improve care in this area?
- What learning objectives do you still have?



# Build A Case – A Teaching Tool

- Capitalizes on “informal CE” by learning from peers
- Use reflection to solidify learning:
  - What did you learn?
  - What are the advantages of this tool over case-based?
  - What works? What didn't?
  - How is it easier to use?
  - What difficulties do you anticipate in using it?
  - How can **you** use it in your setting?

