Clinical case discussion: using a reflecting team

John Launer

Doctors discuss clinical cases every day. The routine way of doing this, whether in ward rounds, team meetings or other conversations, is so familiar that few give it any thought. Generally speaking, one person presents a case, and then everyone else chips in with questions, information and advice until some kind of decision is reached—perhaps an investigation, diagnosis or treatment. This all seems very simple and straightforward. Yet if you study case discussions closely, they appear more problematical. For a start, they often seem a little artificial or inflexible. Yet case presenters nearly always report afterwards what a relief it is to speak without interruption, to have an opportunity to clarify the case, and to listen to a range of different perspectives, without having to give an immediate response. Team members find they can use questions to raise a whole range of different aspects of the problem, including the technical details as well as the psychological dimensions of the case or its impact on the presenter. If they wish, they can also discuss the wider organisational or resource issues affecting the case. Letting presenters listen to everyone else in silence gives them time to digest any ideas properly, and to take ownership of whatever decision they make as a result. It is relatively easy for someone to facilitate the whole conversation, make sure that everyone follows the rules, and invite each person present to ask at least one question and express a view. The rules are adaptable according to circumstances: for example, in a training context, juniors can be invited ask questions and offer their opinion before their

About reflection

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STRUCTURE AND FOCUS

There is one simple approach that can bring structure and focus to any clinical case discussion, and allows a group of clinicians to address both the biomedical and psychosocial aspects of patient care. Few clinicians or educators seem to know about it, and yet just about anyone can apply it, whether they have had training in the method, or have only observed it once or twice and grasped some simple rules. It combines the features of routine team conversations and collaborative learning groups, and can be used for conversations lasting anything from a few minutes to an hour. The method is known as “a reflecting team”.

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Box 1 Conversational rules for case discussion, using a reflecting team

1. The case presenter first talks without interruption for a couple of minutes (or longer if time permits).
2. Other members of the team then ask questions to clarify the case or its context, but they cannot give advice or make any suggestions (even indirect ones like “have you thought of...?”).
3. The case presenter then poses a question or task for the team to consider (for example “is there any aspect of this case I might be missing?” or “what would you do in this situation?”).
4. The team responds by discussing this, but without looking at the presenter, or involving him or her in the conversation.
5. Finally, the presenter gives feedback to the team about what was most helpful in the discussion, and what action it will lead to.
seniors do. The method can also be used for discussing non-clinical issues, including difficulties in the workplace.

As well as producing benefits in individual cases, regular use of the approach can instil a more reflective and collaborative approach to medicine. Participants in reflecting teams soon discover there is rarely a single way of looking at any clinical case, nor any single correct way of managing it. They can become more at ease with clinical uncertainty, more respectful of their colleagues’ opinions, more comfortable about having their own ideas subordinated to the combined expertise of the team, and more compassionate towards complex or challenging patients.10 There are few more salutary experiences in medicine than discovering that the collective mind of a reflecting team is more powerful than your own mind can ever be on its own.

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