

CBDL

Case-Based Discussion vs. Case-Based Learning in Undergraduate Medical Education

Clarifying two terminologies



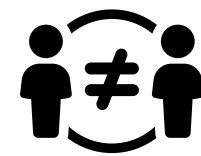
Myo Kyi Tha

Introduction



Both are organised around a clinical "case"

Share a family resemblance to problem-based learning (PBL)



They differ substantially

In purpose, structure, theoretical grounding, and evidence base

Why this topic matters?



01 CbD and CBL are not the same.

02 They serve different educational functions.

03 Confusing them can blur whether an activity is developmental or evaluative.

CbD

Case-based Discussion



Structured, dyadic
**workplace-based
assessment**



Real patient case,
drawn from the
learner's own practice



Retrospective review
of reasoning and
decisions



CBL

Case-based Learning



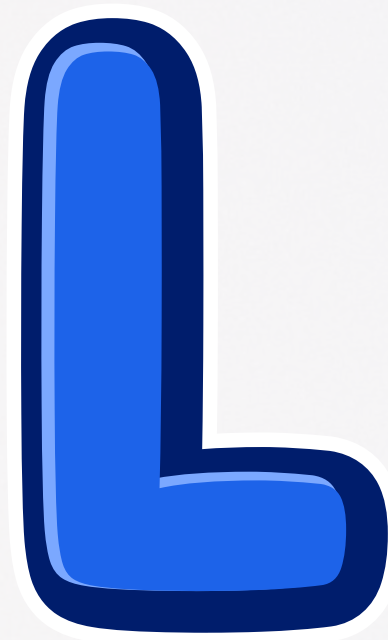
Active, small-group
teaching/learning
method



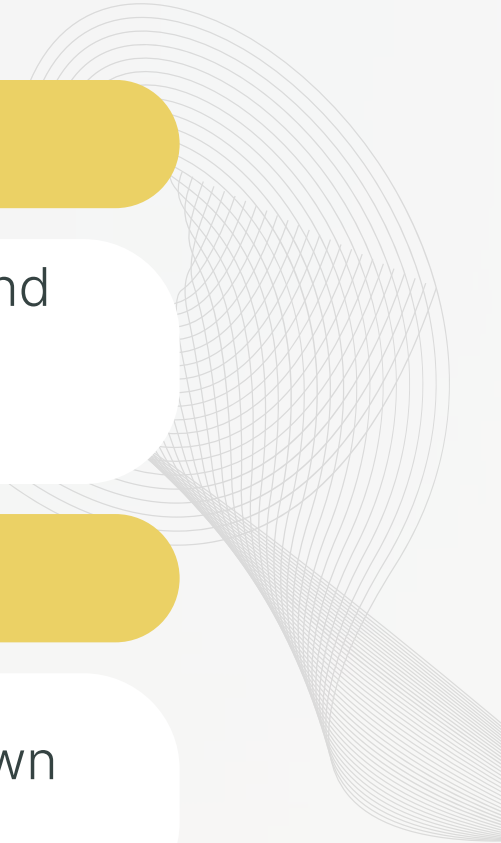
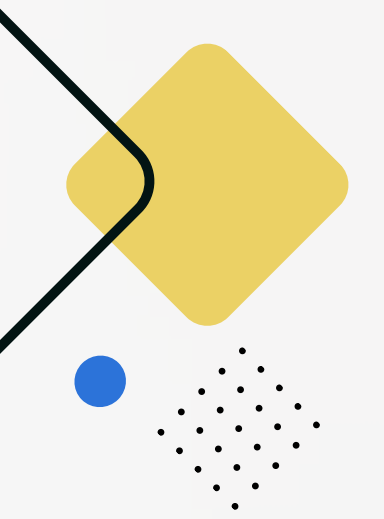
Faculty-designed case,
used prospectively



Builds and integrates
knowledge



Case-Based Learning vs. Case-Based Discussion



PRIMARY PURPOSE

Teaching/Learning method to build clinical reasoning and integrate basic/clinical science, applied prospectively to a constructed case

Structured assessment of a trainee's reasoning and decision-making, applied retrospectively to a real patient the trainee has already managed

CASE ORIGIN

Written or simulated case, designed in advance by faculty to meet defined learning objectives

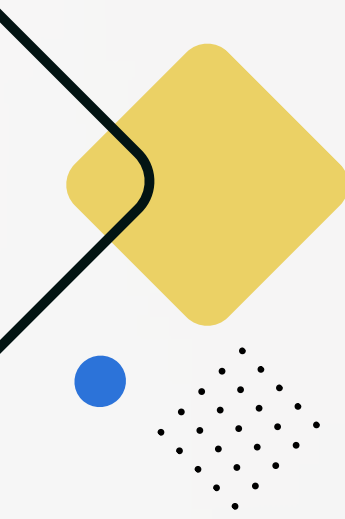
Authentic case selected by the trainee from their own recent clinical practice

SETTING

Small-group classroom or online tutorial, typically 6-10 students with a facilitator

One-to-one or small-group dialogue between a single trainee and a supervisor/assessor

Case-Based Learning vs. Case-Based Discussion



GROUP COMPOSITION

Peer group of students; learning arises substantially from peer interaction and discussion



Dyadic (trainee-assessor); peer interaction is not a defining feature.

FACILITATOR ROLE

Content-expert facilitator guides inquiry, corrects misconceptions, and redirects discussion toward learning objectives

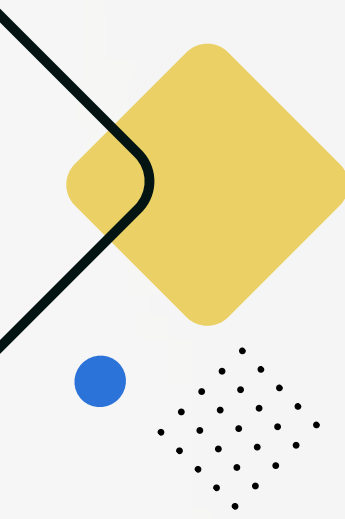
Assessor questions the trainee to probe reasoning and judgement, then scores performance against defined competencies

UNDERLYING THEORY

Grounded in constructivist and social/collaborative learning theory; cases scaffold application of foundational knowledge

Grounded in workplace-based and competency-based assessment frameworks, notably van der Vleuten and Schuwirth's utility model

Case-Based Learning vs. Case-Based Discussion



TIMING IN TRAINING

Used across preclinical and clinical years of undergraduate curricula, often replacing or supplementing didactic lectures

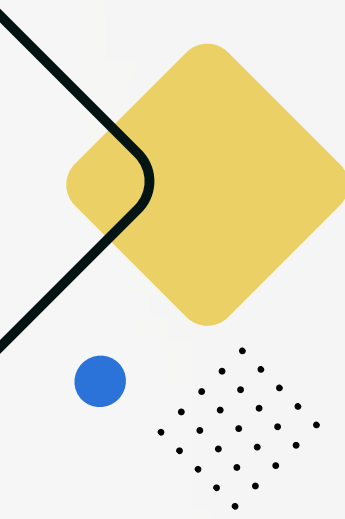
Traditionally postgraduate/workplace training; undergraduate use is emerging and under-studied

STAKES / GRADING

Usually low-stakes or ungraded; feedback is formative and peer-mediated.

Explicitly structured as an assessment instrument, generating a graded or competency-referenced judgement, even when used formatively

Case-Based Learning vs. Case-Based Discussion



DOCUMENTATION

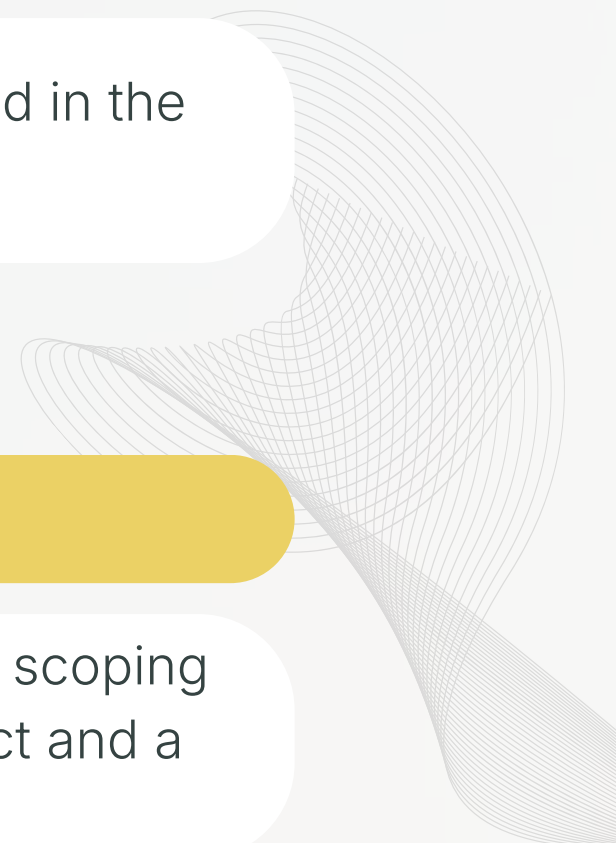
Case write-ups, worksheets, or group reports may be produced but are not typically portfolio evidence

Produces a structured record/proforma retained in the trainee's professional portfolio

EVIDENCE BASE

Supported by a BEME systematic review and multiple RCTs/meta-analyses showing gains vs. lecture-based learning

More limited and largely observational; a 2025 scoping review found only moderate evidence of impact and a scarcity of undergraduate studies



Same anchor

Different educational purposes



L

A Learning Tool

Builds reasoning through faculty-designed cases, peer discussion, and formative feedback

Constructivist, social/collaborative learning



D

An Assessment Tool

Evaluates reasoning on a real patient case, in a structured trainee-supervisor dialogue

Competency-based, workplace assessment



CbD is a Workplace-based Assessment

A screenshot of the Royal College of General Practitioners (RCGP) website. The header includes the RCGP logo, navigation links (MRCGP exams, Learning, Your career, Representing you, Membership, News and media), a search icon, and login/join buttons. The main content area is titled 'WPBA assessments' with a publication date of 19 January 2024. Below this is a section 'About WPBA assessments' which states that WPBA evaluates the trainee's progress in areas of professional practice best tested in the workplace. A list of bullet points describes the assessment: it looks at day-to-day practice, supports learning in patient safety, provides feedback, evaluates professional behaviour, and determines fitness to progress. A sidebar on the left lists various WPBA assessment tools like CATs, CbD, CEPS, COT, and MSF.

RCGP Royal College of General Practitioners

MRCGP exams ▾ Learning ▾ Your career ▾ Representing you ▾ Membership ▾ News and media ▾

Search Login Join More

WPBA assessments

Publication date: 19 January 2024

About WPBA assessments

WPBA evaluates the trainee's progress in areas of professional practice best tested in the workplace and:

- looks at the trainee's performance in their day-to-day practice to provide evidence for learning and reflection based on real experiences
- supports and drives learning in important areas of capability with an underlying theme of patient safety
- provides constructive feedback on areas of strength and developmental needs, identifying trainees who may be in difficulty and need more help
- evaluates aspects of professional behaviour that are difficult to assess in the Applied Knowledge Test and Clinical Skills Assessment
- determines fitness to progress towards completion of training.

Evidence of WPBA, as approved by the GMC, includes the completion of specific assessments and reports, the documentation of naturally occurring evidence as well as certain mandatory requirements such as Child safeguarding and Basic Life Support. More information on the

WPBA assessments

About WPBA assessments

WPBA: Care Assessment Tools (CATs)

WPBA: Detailed guidance for each CAT type

WPBA: Case-Based Discussion (CbD)

WPBA: Clinical Examination and Procedural Skills (CEPS)

WPBA: Consultation Observation Tool (COT)

WPBA: Audio COT

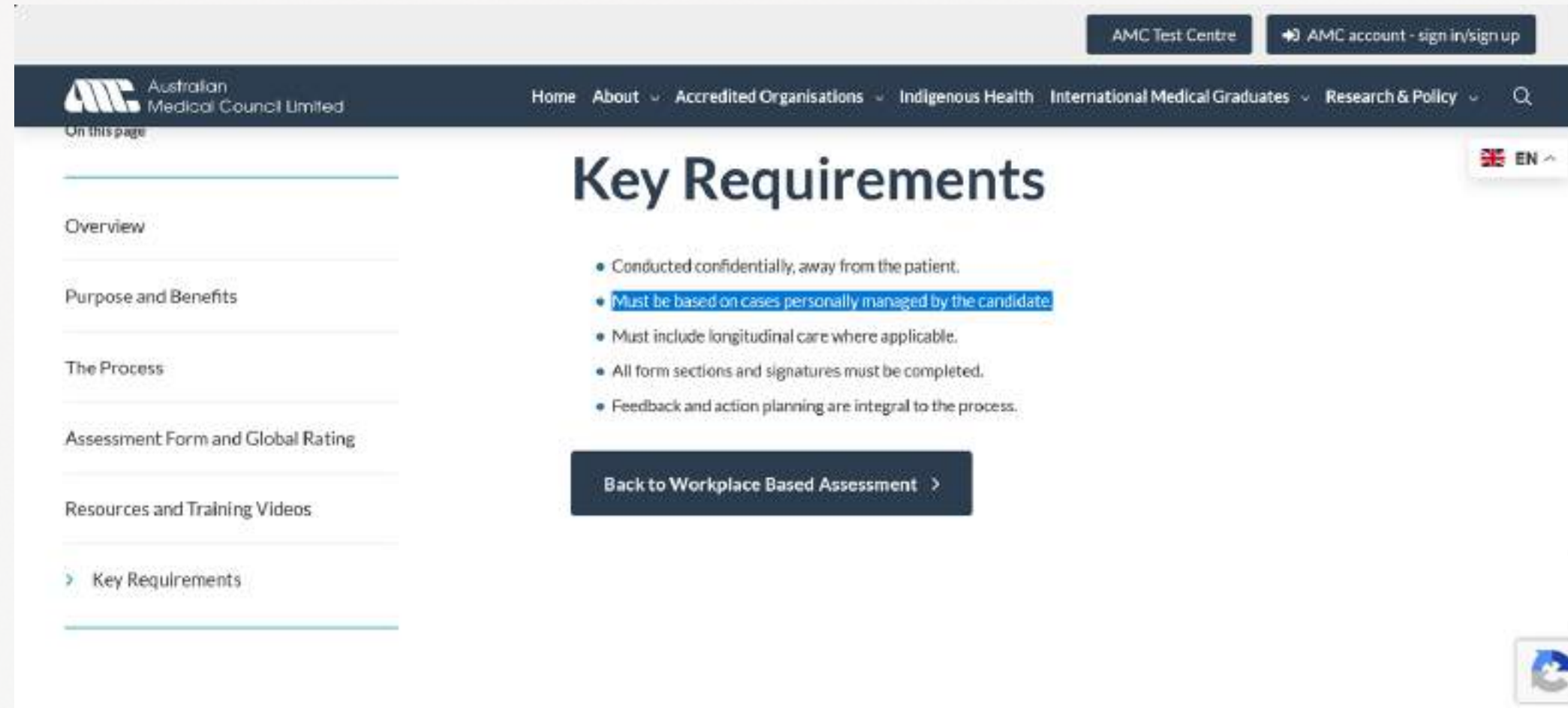
WPBA: Leadership activity and MSF

real patient case
ably managed ()

**Evaluates the trainee's progress in areas of professional practice
best tested in the workplace**

Looks at the trainee's performance in their day-to-day practice

Clinical Responsibility in CbD



and a real patient case
personally managed ()

**Must be based on cases personally
managed by the candidate.**



Clinical Responsibility in CbD



A screenshot of the RCGP website. The top navigation bar includes links for 'MRCP exams', 'Learning', 'Your career', 'Representing you', 'Membership', and 'News and media'. A search bar and 'Login'/'Join' buttons are also present. The main content area is titled 'WPBA assessments' and lists various tools: 'WPBA: Core Assessment Tools (CATs)', 'WPBA: Detailed guidance for each CAT type', 'WPBA: Case-Based Discussion (CbD)', 'WPBA: Clinical Examination and Procedural Skills (CEPS)', 'WPBA: Consultation Observation Tool (COT)', and 'WPBA: Audio COT'. The 'WPBA: Case-Based Discussion (CbD)' section is expanded, showing 'The requirements' and 'Example Case-based Discussion (CbD) questions'. The text under 'The requirements' states: 'assessment and information will need to be provided in the Portfolio. This is to show exposure to, learning from, and competence in caring for, the range of Clinical Experience Groups across each training year. All Clinical Experience Groups should be covered by the range of assessments completed.' The text under 'Example Case-based Discussion (CbD) questions' is titled 'Before the assessment' and states: 'The case should be one that has been managed independently by a GP registrar (it is not appropriate to have received advice from another doctor for the consultation and then to be assessed on actions taken by that other doctor)'. Below this, it says: 'Before the assessment, the GP registrar should map the case to the Capability areas as these areas will be discussed during the assessment and it is these Capabilities the assessor will grade (an additional capability can be mapped later by the trainer if needed). The Capabilities should not necessarily be those that were covered well, as more useful learning can be achieved by choosing areas that were challenging.' The next section is titled 'The discussion and assessment' and states: 'Protected time is needed for the assessment and the clinical entry should be shared with the supervisor before the assessment so they can familiarise themselves with the case. How long a CbD takes will depend on the complexity of the case, but the discussion (including assessor feedback) usually takes between 20-30 minutes.'

It around a real patient case
has personally managed ()

**The case should be one that has been
managed independently by a GP registrar.**



CBL on Authentic Case

Real patient



Structured
small-group teaching



Guidance

This is a variant of CBL, not CbD.



Curriculum Implications

01

Use CBL to build foundational clinical reasoning across a cohort. It is well suited to preclinical and early clinical years.

02

Introduce CbD-style discussion later, once students hold **genuine clinical responsibility** and can present cases from their own patient contact.

03

Where CbD is introduced at undergraduate level, invest in assessor training and calibration.

04

Be explicit with students and staff about which method is being used and why, given that the terms are frequently conflated.

05

Treat undergraduate CbD as an emerging rather than fully evidenced practice.

Key Takeaways

CBL and CbD are technical terms set by professional bodies, not interchangeable labels.

Precision in terminology is what allows educators across institutions to understand, compare, and build on each other's work.

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