

Using Random Case Analysis to Explore the RACGP Curriculum

Reference: [Random case analysis: A new framework for Australian general practice training](#)

What is Random Case Analysis (RCA)?

Random case analysis is not chart review – it is very different. It is the random selection of a case for discussion from the perspectives of the RACGP Domains of Practice. It is very useful for exploring the aspects of the curriculum and the consultation that are less prescriptive and more difficult to learn, e.g. Domains 1, 3, 4, 5. It is also useful to help doctors explore those cases that they are not usually seeing in their day to day practice, especially if they are working in a non-mainstream GP environment such as an Afterhours service, or specialised General Practice (e.g. Aboriginal and Torres Strait Islander Medical Centre, Skin Cancer Medicine Practice, Women’s Health Practice).

So how do you do RCA?

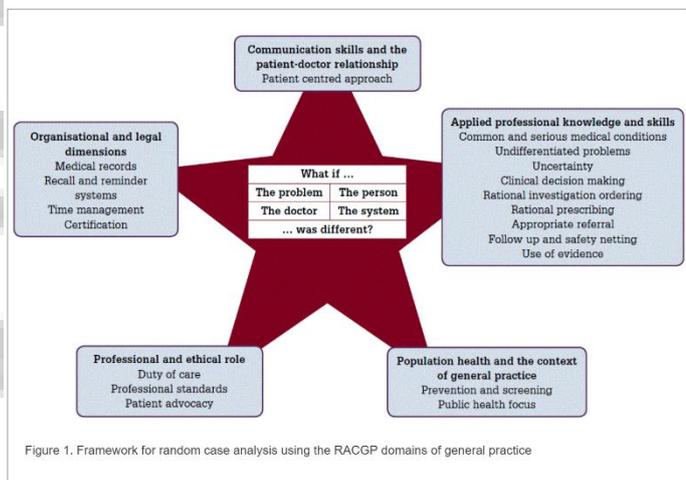
Think about the case from four perspectives:

What if.....

- The doctor
- The patient
- The problem
- The system

Were different?

Here is the framework.



So how can we use this in our practice and study?

1. Randomly choose a case
2. You can do the exercise by yourself, but it is a much richer learning experience done with a colleague, supervisor or experienced mentor.
3. Use the grid below to prompt discussion.
4. Write a reflection on what you have learned, and most importantly what you are going to do differently in your practice after reviewing this case.

Random Case Analysis Template

Domain of Practice	Question?
Communication Skills and the patient-doctor relationship	<ul style="list-style-type: none"> • Did the patient have any particular concerns? • Do you feel you reached common ground with the patient? • What if the patient (or doctor) had communication barriers, e.g. disability, language, written skills? • What if the patient was a child? Or an elderly person? How would this affect my communication? • What did the patient expect from the consultation?
Applied professional knowledge and skills	<ul style="list-style-type: none"> • Was my differential diagnosis broad enough? • Did I consider all of the red flags? • Did I spend the same amount of time exploring the obvious diagnosis as other possible diagnoses? • Were investigations ordered appropriately? • What safety-netting was put in place? • How was follow-up arranged? • If there was diagnostic uncertainty, how did I deal with this?
Population health and the context of GP	<ul style="list-style-type: none"> • What is the most likely cause of this particular presentation in this patient population? • What are the potential implications for the patient's family and the wider community? • What preventive/opportunistic interventions did you discuss? • What are the social determinants of disease in this patient? (and are they different to those expected in the broader population?)
Professional and ethical role	<ul style="list-style-type: none"> • Were there any issues related to consent or confidentiality? • Were there concerns about patient-doctor boundaries?
Organisational and legal dimensions	<ul style="list-style-type: none"> • Did my medical records accurately reflect the consultation? If not, why not? • How were practice systems used to ensure adequate follow-up? • Were appropriate billing practices followed? • Have I completed other paperwork appropriately (e.g. referrals, medical certificates, death certificates).

There are many more question examples in the RCA article.

Reflection (Write one key point for each Domain)

What key points have I learned from reviewing this case?	1.
	2.
	3.
	4.
	5.

What am I going to do differently in my practice now?	1.
	2.
	3.
	4.
	5.

How am I going to know I've changed my practice?	1.
	2.
	3.
	4.
	5.

How can I incorporate the above into my Plan for Learning?

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