

Introduction to Case-Based Learning (CBL)

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Presenter Disclosures

Presenter: Lindsay Bowthorpe

Descriptions of financial relationships:

- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None



Presenter Disclosures

Presenter: Rohit Vijh

Descriptions of financial relationships:

- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None



Managing Potential Bias

- Financial relationships did not affect our choices in developing content
- We are not speaking about any products or medications



Learning Objectives

- Participants will be able to describe the purpose and key components of the CBL section of UBC's PHPM Residency Program's AHD.
- Participants will be able to identify the key steps involved in developing a CBL case.
- Using the case template for authors, participants will be able to draft a CBL case.



What is CBL?

- Educational approach that utilizes case scenarios to encourage residents to:
 - Analyze issues
 - Devise solutions
 - Make decisions based on their theoretical knowledge and practical experience
 - Develop meta-skills:
 - How to think about an issue instead of what to think about an issue



Why CBL?

- Resident driven
 - Desire to move away from didactic teaching
 - Interactive
- Partnership with Canadian PHPM residency programs:
 - Existing PHPM CaseBook developed by NOSM and Queen's University
 - Université Laval is writing cases



How is CBL being received?

As of April 30, 2026: 9 CBL sessions



Feedback:

- Residents:
 - Well received....one resident mentioned "it was fun"
 - Desire for more BC specific resources, BC context and incorporation of Indigenous Health.
 - Want CBL to remain a resident led discussion.
 - Value hearing facilitators perspectives at the end of the session
- Faculty:
 - Minimal preparation needed
 - Facilitator guide is easy to use
 - Some Faculty prefer to facilitate CBL cases that fall within their area of expertise

Faculty Involvement

- Become a facilitator
 - Facilitator FAQ
 - Do not need to be a content expert (but you can be)
- Write a CBL Case
 - Today's session
 - Need to have the 8 cases completed by September 2026
 - Compensation from UBC for time spent writing a case outside work hours



How to write a CBL case?

- Identify topic area (i.e. Environmental Health, CD etc)
- Identify Learning Objectives for the CBL session
- Construct a case to achieve these learning objectives
- Identify core resources that can be used to achieve the learning objectives
- Provide additional references



Step 1: Identify Learning objectives

- 3–5 objectives guiding key resident questions
- Aligned with Royal College PHPM competencies
- Achievable within a 90-minute session (with 30–90 minutes pre-work)
- Written as specific, observable behaviors (e.g., recall, compare, predict, prioritize)
- Include at least one practical skill (e.g., briefing note, logic model, risk ratio)
- Include objectives for both junior and senior residents



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| File name | HPP-07-2026 |
| Title | Planning a School-Based Healthy Sexuality Program |
| Primary topic area | Health Policy & Planning ▾ |
| Secondary topic area | HPCDIP ▾ |
| Learning objectives | <i>By the end of this session, residents will be able to:</i> <ol style="list-style-type: none">1. Differentiate between “healthy sexuality” and “sexual health.”2. Conduct a situational assessment to support program planning.3. Align program goals and objectives with evidence-informed interventions.4. Identify and engage partners in program planning and evaluation. |

Bloom's Action Verbs for Digital Learning

| Remembering | Understanding | Applying | Analyzing | Evaluating | Creating |
|------------------------|--|-----------------|--|--|--|
| Copying | Annotating | Acting out | Calculating | Arguing & Debating | Blogging |
| Defining | Tweeting | Articulate | Categorizing (e.g., web content, search results, etc.) | Validating | Building |
| Finding | Associating | Reenact | Breaking Down | Testing | Animating |
| Locating | Tagging (e.g., search results, curriculum) | Loading | Correlating | Scoring | Adapting |
| Quoting | Summarizing | Choosing | Deconstructing | Assessing | Collaborating |
| Listening | Relating | Determining | Strategic Hyperlinking | Criticizing | Composing |
| Googling | Categorizing | Displaying | Supporting (e.g., a cause) | Commenting | Directing |
| Repeating | Paraphrasing | Revising Search | Mind-Mapping | Iterating or Pivoting (e.g., startup, app) | Devising |
| Retrieving | Predicting | Keywords | Organizing | Defending | Podcasting |
| Outlining | Comparing | Executing | Appraising | Detecting | Wiki Building |
| Highlighting | Contrasting | Examining | Advertising | Experimenting | Writing |
| Memorizing | Commenting | Implementing | Dividing | Grading | Filming |
| Networking | Journaling | Sketching | Deducing | Hypothesizing | Programming |
| Searching | Interpreting | Experimenting | Distinguishing | Judging | Simulating |
| Identifying | Grouping | Hacking | Illustrating | Moderating | Role-Playing |
| Selecting | Inferring | Interviewing | Questioning | Posting | Solving |
| Tabulating | Estimating | Painting | Structuring | Predicting | Remixing |
| Duplicating | Extending | Preparing | Integrating | Rating | Facilitating |
| Matching | Gathering | Playing | Attributing | Reflecting | Designing (e.g., a presentation, website, document, image) |
| Curating & Bookmarking | Exemplifying | Integrating | Estimating | Reviewing (service, app, platform, etc.) | Negotiating |
| Bullet-pointing | Expressing | Presenting | Explaining | Editorializing | Leading |
| | | Charting | | | |

Adapted from teachthought.com

Step 2: Case Construction & Information

- **Case Description for CBL Sessions**
 - Provide a 100–300 word scenario that enables residents to meet the learning objectives
 - May include graphics, tables, links, or videos (with proper citation/permission)
- **What makes a strong case?**
 - **Relevant:** reflects common or important public health scenarios
 - **Realistic:** mirrors real PHPM practice settings
 - **Aligned:** supports learning objectives and builds thinking skills (how to think, not just what to think)
 - **Appropriate complexity:** challenging but manageable
 - **Encourages critical thinking:** may have more than one reasonable approach
- **Additional guidance**
 - Does not need to follow an OSCE/tabletop format
 - Does not require a defined role for the resident or a final resolution
 - Write in third person (avoid “you are...”)





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| Case information for residents | <p>As part of regional consultation with local school districts, a Regional Health Authority in British Columbia is reviewing its approach to school-based health promotion. The Regional Health Authority and school administrators have identified several priority areas for collaboration, including mental health and wellness, healthy eating, physical activity, substance use and healthy sexuality. As a first step, the school administrators have asked the Regional Health Authority to focus on healthy sexuality.</p> <p>In the region, the rate of infectious syphilis among people ages 14-24 has increased from 12 to 38 per 100,000 over the past five years, exceeding the provincial average. Chlamydia rates in this age group also remain persistently high, and the proportion of pregnancies that are unplanned among adolescents is estimated to be approximately 67%, with higher rates reported in some rural communities. At the same time, school staff report growing challenges related to consent, online sexual exploitation, and gender and sexuality-based harassment, issues they feel ill-equipped to address.</p> |
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| | <p>Efforts to address these concerns are complicated by differing norms and expectations. Some parent groups strongly support abstinence-based education and have expressed concern that comprehensive healthy sexuality education may conflict with family or cultural values. At the same time, several teachers report discomfort discussing sexual orientation, gender identity, or sexual diversity in the classroom, citing a lack of training and fear of community backlash. Youth-serving community organizations and advocacy groups emphasize the importance of inclusive, rights-based approaches, while school administrators are concerned about feasibility, consistency across schools, and public response.</p> <p>In this challenging context, the Regional Health Authority is now developing an evidence-informed and contextually-appropriate program to respond to these concerns.</p> |
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Step 3: Case information for Facilitators



- 500-1200 words summarize information for facilitators – organized by each learning objective
- Could also include background information or optional discussion questions
 - Key insights residents should take away by the end of the CBL session
 - Red herrings in the case information
 - Probing questions, such as:
- If you had other competing priorities, how would you triage?
 - What are the underlying structural causes of this issue?
 - What data sources could you use to further understand this issue?
 - What evidence is there to intervene? What is the strength of that evidence?
 - How would you communicate risk to your team? To the public?

OBJECTIVE 1: Differentiate between “healthy sexuality” and “sexual health.”

- Sexual health: Focuses on measurable health outcomes, such as STIs, pregnancy, and access to sexual and reproductive health services
- Healthy sexuality: Focuses on attitudes, behaviours, relationships, and values that support consent, sexual pleasure and intimacy, gender diversity and diversity of sexual orientations, and individual agency

Optional discussion question: How might focusing on sexual health versus healthy sexuality change program planning (e.g., priorities, strategies, indicators)?

Step 4: Identify Resources

- 1-3 resources residents can use to prepare for the session
- One should be a seminal work, commonly used in PHPM practice(i.e. Ottawa Charter for Health Promotion etc.)



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| Resources | <p>PHO. Planning Health Promotion Programs [Internet]. 2024 [cited 2026 Jan 16]. Available from: https://www.publichealthontario.ca/-/media/Documents/P/25/planning-health-promotion-programs.pdf?rev=ed6c98fc44bc4f4a859dd90fad9828e9&sc_lang=en&hash=5EAE2FCE6B1D09A6DEE2FAECED4105DA</p> <p>Wilkins NJ, Rasberry C, Liddon N, Szucs LE, Johns M, Leonard S, Goss SJ, Oglesby H. Addressing HIV/sexually transmitted diseases and pregnancy prevention through schools: an approach for strengthening education, health services, and school environments that promote adolescent sexual health and well-being. Journal of adolescent health. 2022 Apr 1;70(4):540-9. Available from: https://pubmed.ncbi.nlm.nih.gov/35305791/</p> <p>World Health Organization. Ottawa charter for health promotion, 1986 [Internet]. World Health Organization. Regional Office for Europe; 1986 [cited 2026 Jan 16]. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion/charter.pdf</p> |
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Breakout sessions

- Basic universal income (role of income in determining health, as well as what is and isn't the role of public health agencies with respect to advocacy)
- Any clinical occupational medicine case (individual-level)
- Hierarchy of controls in the workplace
- Climate change adaptation
- Traffic-related air pollution

- Online:
 - ?
- In person:
 - Waterborne illness outbreak management (Rohit)
 - Anything related to IARC (David)
 - Equity measures (e.g., Gini coefficient, LICO, marginalization index)
 - ?
 - ?



Breakout session: How to write a CBL case



- 20 minutes – Learning Objectives
- 20 minutes – Case information for residents
- 20 minutes - Resources



Reminder to please consider BC specific context and resources. Highlight indigenous ways of knowing, perspectives, and health content as able.

If you are interested in finalizing a CBL Case – please join that Breakout Session



Breakout Sessions

1. Basic universal income (role of income in determining health, as well as what is and isn't the role of public health agencies with respect to advocacy)
2. Equity Measures (e.g. Gini coefficient, LICO, marginalization index)
3. Any clinical occupational medicine case (individual-level)
4. Hierarchy of controls in the workplace
5. Climate change adaptation
6. Traffic-related air pollution
7. Waterborne illness outbreak management
8. Anything related to IARC