How to really help your registrar approach the CSA: 20 top tips

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Introduction

We have put this guide together to provide some practical advice for trainers whose registrars are starting to think about the CSA. Arguably, the sooner this begins, the better and you will find advice here relating to both the early and later stages of GP training. There are no magic answers or formulas and this short document is designed to stimulate discussion rather than replicate the comprehensive advice about the CSA that can be found on the Examinations page of the RCGP website.

We have divided the advice into 2 sections:

1. What does and does not help in consultation skills teaching
2. CSA examination technique

We have based this advice on questions that have commonly come up during teaching sessions we have held with both trainers and registrars. Our main contention is that the CSA is best addressed in the way that one would deal with a normal, albeit challenging, surgery. Therefore, teaching that encourages an artificial approach to consulting is unhelpful, as is inaccurate advice about how to behave on the day of the exam. If we manage to correct at least some of the misinformation that is presently circulating then we will have provided our trainer colleagues with a useful service.

Richard and Roger.

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What does and does not help in consultation skills teaching:

Richard Darnton

1) Achieving "buy-in"

Does your trainee really understand the value of patient centred consultation skills or do they think it is just something you have to do to pass the exam?

Consider having a tutorial aimed purely at helping them to understand the value of these skills for a lifetime in practice. You might discuss:

- The frustrating and resource intensive scenario of the patient who keeps returning because their ideas or concerns have never been fully elicited and addressed.
- The patients whose conditions don't get better because they don't have ownership of the management plan
- How a consultation can be therapeutic without necessarily diagnosing or treating anything

A trainee's goal should be not simply to behave in ways that pass the exam but rather to develop good habits for life. Anything less risks an artificial, formulaic consulting style.

2) Aim for deep learning

Surface learning is "sticking plaster" learning that can only replicate behaviours and skills in a way that is rigid and fixed to particular scenarios. It lacks sufficient depth of understanding to apply knowledge and skills in scenarios that have not been previously encountered. This is a recipe for unnatural, clunky formulaic consulting. However, deep learning, because it fully understands the nature and principles involved can be manipulated and applied to new situations on the fly.

3) Avoid talking in terms of "tick boxes"

There is no magic bullet for passing the CSA. It is a global test of consulting ability that requires knowledge, application of knowledge and effective patient centred communication. Contrary to the impression created by some preparation books, the CSA is not an OSCE and is not marked as a tick list. So, trainees should not try and cover everything in a consultation, but should rather focus on what is most important.

4) You can't beat video work

Few admit to liking videoing their consultations and, in my experience, trainees would prefer to have their trainer sitting in rather than have to video themselves. Whilst Joint surgeries are still very much a "must" for training, the value of videoing is that trainees get heaps of feedback just from watching themselves. I ask trainees to watch and mark their consultations at home and we may only watch a video in a tutorial if they if they can produce a completed mark sheet for it first.

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5) Eliciting ideas concerns and expectations: "how well did that question work?"

Trainees need to first of all learn to spot when a question has not worked for them and then learn how to respond when it hasn't worked. In a video tutorial, get into the habit of asking trainees how well a question designed to elicit the patient's perspective worked for them.

6) Involving the patient in management planning does not have to involve offering options

The main goal is that the patient feels free to "disagree" with, or contribute to, the management plan. However, "is that ok?" is unlikely to achieve this.

7) A good COT performance is not the same as a good CSA performance

It is possible for a consultation to tick all the boxes on a COT and yet fail the CSA. Although COTs provide helpful feedback in terms of which area of the consultation to focus teaching, it is a completely different assessment to the CSA and marked as such. Consider doing some of your video work without COTs, particularly when close to the exam.

8) Work on developing "powerful" open questions

Open questions that work are far more time efficient than closed questions, (provided the trainee can remember all the unsorted information that is conveyed). In a video tutorial, look together at how well the trainee is using open questions in terms of quality and amount of information yielded from them. Initially they may want to steal your phrases verbatim and then gradually adapt them as they experiment with what questions perform best for them. Remember that even the best open question might well require exploration of the answer.

9) Look at repetition of information during video work

If during a consultation, a patient gives the same information twice, there are two common reasons. The doctor may have unwittingly asked the same sort of question more than once (which wastes time). Alternatively a cue may not have been picked up or addressed.

10) There is no substitute for knowledge and experience

Candidates frequently perform poorly in a CSA case simply because they lack knowledge. This comes either from a lack of experience or from inability to reflect on experiences as a trainee and learn from them. Trainees need to maximise their exposure to the breadth of general practice problems and also need time to reflect on, read about and discuss what they encounter.

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CSA examination technique:
Roger Tisi

11) Understand how the CSA is marked

Candidates do not pass or fail cases. I repeat, candidates do not fail or pass cases. Each case in the CSA is marked in the 3 domains (see below) to produce a case score for each consultation. A candidate's score on the day will be the sum of their case scores and this will determine whether they pass or fail. There is no daily quota of passing candidates and candidates are not judged against their peers. There is a lot of information about this on the RCGP website, but, in my experience, few registrars avail themselves of this information. I struggle to understand why.

12) Understand the 3 CSA domains

Each case is marked equally in all three domains – data gathering, clinical management and interpersonal skills – and so candidates need to perform well across the board if they are not to have their case scores dragged down. As an exam strategy, it is better to rely on good global consulting rather than to imagine that you can afford to neglect any of the 3 domains.

13) Believe that you will be treated fairly

There is growing mythology that suggests that examiners, role players, or both are out to trick candidates. Role players and examiners spend 90 minutes at the start of each examining day carefully calibrating the case they will be staying with all day. Such preparation ensures that the case will be delivered consistently and that candidates will be marked according to criteria that will have been agreed at calibration. (These criteria are informed by very thoroughly piloted advice provided by the case writers.)

14) Look like a Doctor

Candidates are not marked on their appearance or fashion sense but they need to be aware of the initial impressions they create as the examiner walks into the room. A candidate who looks organised, energised and interested in their patient is off to a flying start. Simple things such as dress, posture and demeanour will all contribute to this. A registrar who looks untidy, disinterested and disorganised in real life is likely to do so as a candidate in the CSA.

15) Treat the role player exactly as you would a patient

They are not robots programmed to drop information if the right buttons are pressed. Just as in real life, their responses will be governed by how skilfully they are consulted with. They are not allowed to influence the examiner's marking and examiners will very quickly correct any behaviour that has not been agreed in the morning calibration.

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16) Ignore the examiner

They are trying to be invisible. If candidates seek to make them less so, they will likely misinterpret the examiner's reluctance to engage with them as unfriendliness or even hostility. Trust that the examiner knows when to intervene - for example, to give examination findings – and do not pay attention to what they are doing as this will distract attention from the patient (see above).

17) Watch the time

The CSA allows 10 minutes for each case and cases are designed to fit the available time. Candidates who run out of time through inefficiency are inevitably going to lose marks. Those candidates who finish significantly in advance of 10 minutes are either unusually efficient or have missed important aspects of the case.

18) Learn to Housekeep

CSA cases are not meant to be easy and will challenge even the best-prepared candidate. It is not unusual to feel anxious or uncertain after some cases but such feelings need to be quickly removed from the mind. In 2 minutes time another role player and examiner are going to be walking into the room: they have no preconceptions about the candidate, who, if they have not cleared their thoughts, risks appearing distracted or indifferent by not focussing full attention on their new patient.

19) Do not second-guess cases

The temptation to believe that a case has been "spotted" can be hard to resist. Similarly, candidates might feel a flush of excitement early in a case as they (rightly or wrongly) anticipate that it is going into a clinical area that they have prepared earlier. Both reactions are likely to distract from what the patient is saying and important cues will be missed. It is therefore simply idiotic for registrars to share "real" cases with each other or for candidates to seek out such cases before the exam.

20) Elephants do not disappear if ignored

If, during a CSA case, a difficult issue rears its head, it is highly dangerous to ignore it. This is not like a Friday afternoon surgery where even the most conscientious doctor might choose avoidance strategies to get by. In the CSA, the "difficult" aspect is likely to be the focus of the case and it will be hard, if not impossible, to accrue marks without confronting it head on. It might feel more comfortable to the candidate if they move on to ground that feels safer to them but this is delusional. Grab the elephant by the tail and call it Jumbo.

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Resources

We do not intend this list to be exhaustive but we have a few suggestions that might be of some value to you and your registrars.

Consultation Skills

There is good evidence that patient centred consultations are more time efficient, more satisfying for patients and doctors, less likely to generate a complaint and associated with both increased patient adherence and improved health outcomes. If your registrar needs convincing of this, you might refer them to the following:

Stewart M. Reflections on the doctor-patient relationship: from evidence and experience. British Journal of General Practice 2005: 55(519): 793–801.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1562329/

Exam Preparation

Those of your registrars wanting reassurance about the marking for the CSA can find useful information here:

http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/mrcgp-clinical-skills-assessment-csa.aspx#day

The masochists amongst them, who want to better understand the borderline group method used to set the daily pass mark can find the information here:

http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/~/media/Files/GP-training-and-exams/Standard-Setting-the-CSA-from-September-2010-onwards.ashx

InnovAiT, the RCGP journal for AiTs, has a wealth of useful information about the CSA, most particularly in the Crammer's Corner page, which Roger edits. You can find a link to it here:

http://ino.sagepub.com/

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