

Top Tips for CSA

Advice for preparation

- Video yourself and then use a tool to assess yourself
- See as many patients as possible
- Practice giving explanations (and trainers should role model this for them)
- Use resources like www.skillscascade.com and www.pennine-gp-training.co.uk
- Avoid all courses apart from local ones and RCGP ones
- Avoid using set phrases like “what are you going to tell your wife when you get home” and “Do you want to tell me more about it”
- Avoid always asking about smoking and alcohol
- Practice examination techniques so that you are thorough and fast.
- Practice integrating asking about ideas concerns and expectations throughout the consultation and watch on video.
- Practice integrating explanations with management plans.
- Practice clear English and no jargon
- Make sure your knowledge base is good enough so that your management plans will be based on evidence.
- Practice CSA style consulting in OOH
- Read the college website for updates about the exam
- Check by videoing that you always plan follow up
- There are videos on the eGP part of the RCGP website on examination skills.

Advice for the exam

- Candidates stay in rooms (apart from Home Visit – when they go to another room)
- Role player accompanied by examiner rotate through stations) – patient always walks in first
- Don't interact with the examiner
- 13 – ten minute cases
- Candidates can call role player back within the 10 minutes slot
- Be genuine as if it was a normal consultation
- Don't go looking for the hidden agenda, all hidden agendas will be picked up by looking for verbal and non verbal cues that will be given to you more than once if you miss it
- If a case has gone badly you must forget about it and move on
- Prescription pads, certificates and test forms provided
- 10 minutes reading time, then 7 cases, with 2 minutes between cases, then 15 minute refreshment/toilet break, then 6 cases, with 2 minutes between cases
- Consider reading 7 cases in the first 10 mins and then 6 cases during the refreshment break

- Remember to read the notes about the case thoroughly
- Be there on time, but not too early
- Photo ID
- BNF (can take in BNF for children)
- NB sign Confidentiality Agreement
- I pads in use – show
 - Appointment list
 - Patient records
 - Can show exam findings/photos etc triggered by examiner
 - Does not connect to internet!
 - Once case started can only see the current case
- Read patient notes carefully – often clues in there
- Whiteboard to make notes
- At least 3 cases involve actually examining patient
- Be prepared to examine as you would do in a normal consultation
- Should ask re chaperone for intimate examination
- Either home visit or telephone case in the 13 cases
- Spread of ages – at least 1 child (could now be a child actor) and 1 elderly
- Mix of acute and chronic cases
- Ethnic diversity represented
- May have case with a member of practice e.g. nurse with needle stick injury
- Prescribing is priority area for GMC - will be expected to know and write the specifics of a prescription in some cases and may need to calculate doses
- Ensure cover all 3 domains in each case (aim for 5min data gathering 5 min clinical management and interpersonal skills throughout)
- Role players will look the part i.e. ethnicity, weight, gender
- Listen to the patient carefully as if you are going off at a tangent they will tell you.
- Don't just say you will give leaflet – need to explain and may reinforce by giving leaflet
- Management plans should be sensible and avoid paternalism, a lack of options,
- Allow enough time to negotiate a shared management plan so targeted information gathering and moving on quickly is important
- Share your thinking as you go along with the patient
- Use resources appropriately - don't say that you are going to refer/ investigate/ bring back tomorrow unless it is really needed

Advice taken from Autumn Seminar and RCGP Course – CSA for Trainers