

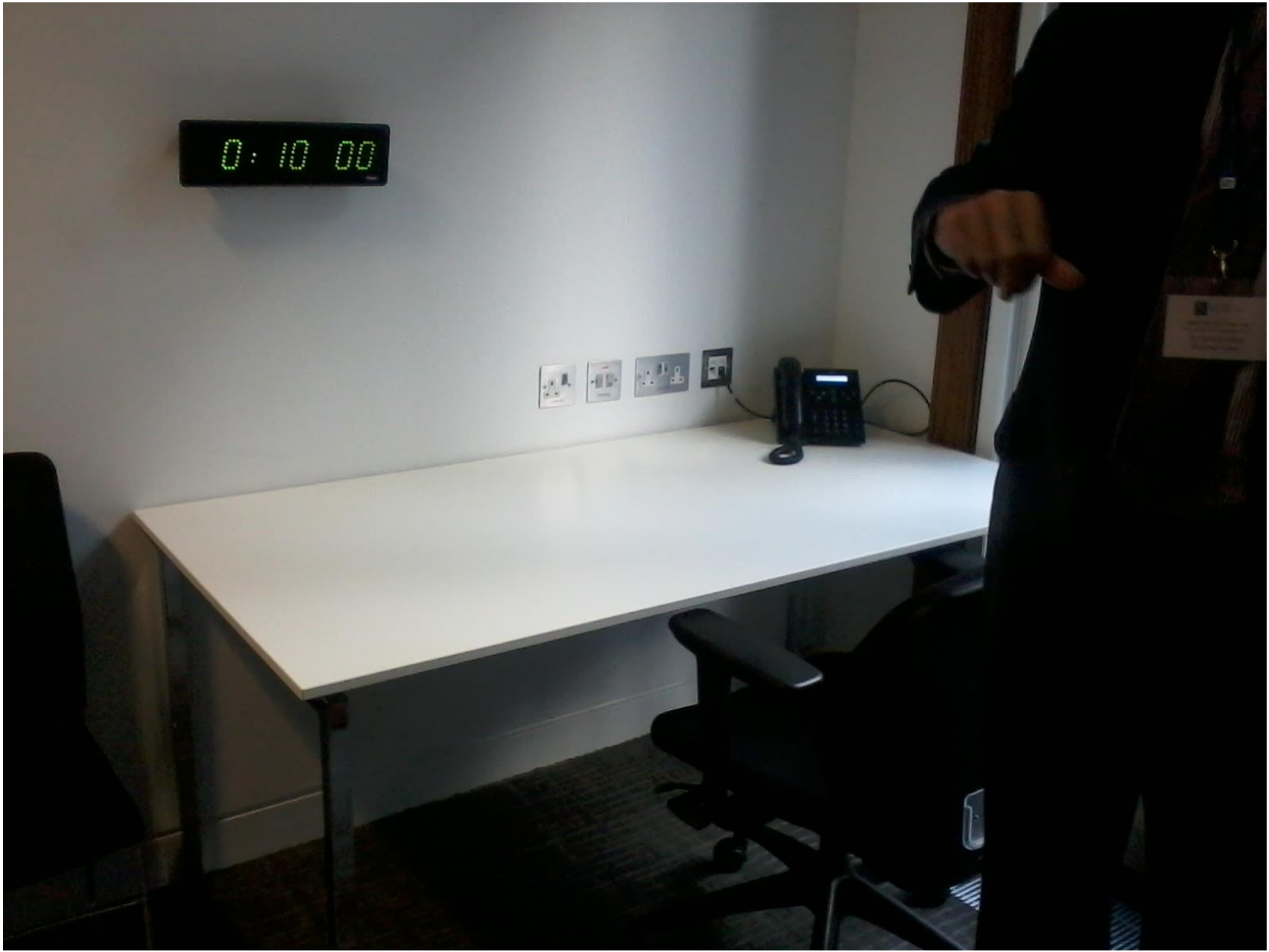
# Passing the CSA Exam.













# The Marking Schedule

- **Each case is marked in 3 domains :**
  - Data gathering, examination and clinical assessment skills
  - Clinical management skills
  - Interpersonal skills
  
- **All domains have equal weighting**

# Marking Schedule 2.

- You get a **grade** for each domain
  - Clear pass
  - Marginal pass
  - Marginal fail
  - Clear fail
- Then you get an **overall grade**
- You can fail (at least) one station and still pass overall
- Pass mark will be different each day (reflects difficulty of the cases)
- Borderline Group Method of analysis



# What is it all about?

- Not primarily about knowledge, though lack of it is a common cause of failure.
- Generally candidates score least well on 'clinical management'.
- Tests the ability to integrate clinical and communication skills, at a level that is safe for independent practice
- Engaging the patient in the Consultation is very important



"The doctor will see you now —  
I can't promise that he'll talk  
to you, but he'll see you."

# The cases.

- Approximate gender balance.
- Ages: at least 1 child (actor/proxy) and 1 elderly. Child actors >10yrs
- Equality and diversity represented.
- Physical examination – at least 3.
- Possibly a TE or home visit.
- Usually 1 serious case.
- Acute and Chronic presentations of illness.
- Cases involving team work.





"Doctor, I will tell you the whole history of my disease."

# Data gathering, examination and clinical assessment.

- Actors will give you the necessary information if you ask the right questions! They will usually eventually offer up essential information necessary for the case if you haven't elicited it.
- Practice efficient history taking; open-to-closed questioning.
- Need to demonstrate proficiency in quick examinations and using instruments effectively.
  - Explain fully what examination you want to do.
  - Assume you will do the examination.
  - Offer chaperone if appropriate.
  - Don't do unnecessary examinations

# ICE-ing well



- Don't be formulaic.
- Listen to the patient, don't ask again if they have already told you.
- ICE doesn't have to be done if not appropriate.
- Practice some phrases that work and practice using them.
- Identify when ICE questions haven't worked
  - May need to re-phrase or try again later
  - May be that you haven't yet got the right rapport
- ICE WORKS and it transforms the consultation.

# Clinical Management Skills.

- Recognise common conditions.
- Structured and flexible decision making.
- May need to deal with multiple complaints and co-morbidity.
- Promote a positive approach to health.
- PRESCRIBING – priority area for GMC.
  - May need to write a dummy Px.
  - May need to calculate doses for kids or analgesia/change preparations etc.

# Sharing the management plan



- Sharing management plan does not have to involve offering options.
- The main goal is that the pt feels they can contribute to, or disagree with the proposed plan.
- Share the plan use soft/hesitant language, “ I think WE should probably ..... What do you think about that”. Better to use WE rather than I then pt does not feel they are insulting you if they don't want to do it

# Interpersonal Skills.

- Use recognised communication techniques to understand the pts illness experience and develop a shared approach to management.
- Smile, be friendly, warm and genuine.
- React appropriately.
- Practice ethically.
- Respect equality  
And diversity.





# Top Tips

- Best practice for CSA is to consult.
- Smile + be warm, friendly, professional.
- Practice using ICE.
- Practice developing a shared management plan.
  - Look at [patient.co.uk](http://patient.co.uk) at the end of every surgery.
- Remember each domain has equal marks so time management vital.
- Don't panic if one station goes badly.
- Most (if not all!) of you will pass first time.

