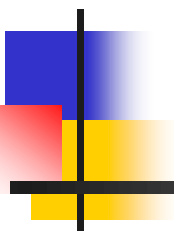


How to help your GP Trainee increase their chances of passing the CSA exam



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Your experiences so far



Group tasks

- What is the CSA testing?
- What factors may suggest to you that a trainee may need intensive support to prepare?
- What resources could you advise a trainee about to aid preparation?
- How can you help a trainee that you have concerns about/ who has failed the CSA?



Feedback



RCGP web-site

- What is the CSA testing?
- <https://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx>



How trainers can help

- Lots of video analysis, joint surgeries and CSA practice.
- In video consultations at critical points ask the trainee what they are thinking (e.g. diagnostic dilemmas, treatment choices etc.)
- Best preparation is seeing lots of patients.
- Make sure your trainee is expanding their knowledge base at the same rate as their consulting skills.



How trainers can help

- Watch your trainees for clunky / embarrassed / formulaic phrases and replace with more comfortable and natural ones.
- Encourage the use of open questions early on and help with time management in consultation.
- Identify the barriers to fluent consulting – any social/cultural barriers?.
- Encourage patient centeredness.
- Encourage study groups.



Where things go wrong

- Too narrow a focus - making assumptions too quickly.
- Physical examinations - too much, too little, not done or simply wrong.
- Poor clinical management plans.
- Poor time management (not finishing).
- Formulaic consulting.

Pitfalls: General features observed

■ Passing

- Fluent, interactive and relevant
- Is able to take patient into medical world as a shared partner
- Open about lack of knowledge or certainty and may use this constructively
- Active monitoring during consultation

■ Failing

- Patronising
- Uneasy with or unable to acknowledge own ignorance or uncertainty
- More scripted summary and checking understanding
- Poor use of time
- Does not appear to care about the patient
- Not curious
- Unaware of personal space



Key features in Data-gathering

Passing

- Can take a focussed but full history
- Open, listening style then closed questions
- Embedding of questions in previous response

Failing

- Formulaic questioning which can become interrogative
- Different types of info elicited in the same way
- Sequence of questions does not seem to make sense

Key features in Clinical Management

Passing

- Appears knowledgeable and refers to recognised algorithms or modes of practice
- Able to suggest solutions to problems or a range of reasonable management options likely to be agreeable to patient

Failing

- Insufficient knowledge base, or ability to think of realistic and effective alternatives
- Fails to integrate and apply knowledge
- Puts off making clinical decisions or a clear diagnosis
- Doesn't appear to grasp the dilemma if there is one



Key features in Interpersonal skills

Passing

- Connects instantly with patient
- Non-judgemental
- Interested in the patient
- Reformulates explanations using helpful metaphors
- Can meet patient half way – identifies patient's agenda,

Failing

- Patient concerns not addressed
- Unable to explain effectively – may be wrong or not tuned to patient
- Inappropriate use of terms
- Over patient-centred to the detriment of clinical outcome



The Notes

- Read the notes.
- They provide information about patient's name, age, sex and background.
- They may contain important information about prior events, e.g. a consultation with a colleague or the practice nurse, test or X-ray results, or a letter from a consultant.
- Past history is generally kept to a minimum to avoid distracting the candidate.



Patient Centeredness

- Can be extremely valuable.
- Increases compliance and patient satisfaction.
- Increase diagnostic accuracy .
- Misunderstood as being nice or giving patients what they want.
- Needs to be demonstrated in the CSA.



Summarising

- Can both check understanding and lead to shared management.
- “Summarising is like showing your workings in Maths exams.”
- “Thinking aloud.”
- Making cognition clear.
- Creates order out of disorder.
- Facilitates clinical reasoning.



Things not to do

- “Is it ok to ask you a few questions” repeatedly.
- “Can you tell me a bit more about it” inappropriately.
- Clumsy ICE.
- Generate inappropriate management options.



Things to do

- Selective and appropriate examination.
- Selective and appropriate tests.
- Selective and appropriate referrals.
- Make a decision.
- Explain test or examination.
- Listen to the role player.



Persuading patients

- Build rapport by listening to the patient – letting them speak, not interrupting, staying calm.
- Summarise patient's point of view.
- Understanding / empathising with the patient.
- Using reason and logic to persuade – evidence.
- Decide degree of urgency.



The trainee's perspective; local trainees Top Tips

- Variety
- Know chronic disease management
- Practise
- Start early and work through Masterpass book
- Case cards
- Watch videos
- Practise cases where you don't know but have to make a plan anyway
- See patients and try techniques with them
- Change bad habits early as you will resort to these under pressure of the exam
- Establish ICE
- Consider E Medica course
- Practise in a group you're confident in
- Consider travelling to the venue the night before
- Learn the consultation sequence /Calgary-Cambridge
- Work to time
- Role play with peers



How can your trainer help? (trainee top tips)

- Joint surgeries with trainer/video (using CSA marking scheme)
- Session – guide to CSA, how to prepare
- Monthly CSA practise from ST2
- Discuss difficult scenarios
- Session to cover planning exam
- Honest feedback
- Share tips from successful candidates
- More emphasis on teaching consultation skills throughout the year
- Find examples of why people fail and share them



Summary

- Videoing consultations and joint surgeries with trainer helpful.
- The trainee should be curious and interested in the patient.
- The trainee has to combine good clinical skills with good interpersonal skills.
- Best preparation is seeing lots of patients.



Any Questions?
