

## Getting ready for the CSA exam

The RCGP Clinical Skills Assessment (CSA) is 'An assessment of a doctor's ability to integrate and apply appropriate clinical, professional, communication and practical skills in general practice'.

This publication aims to give you guidance on how you might prepare for the exam. We will immerse you in typical cases. Cases like those that you could expect to find in the Clinical Skills Assessment.

In the role play scenario group of recordings: the



we provide you with

information that both the candidate / doctor, and the role playing patient, would have. This will enable you to practice the examples by role play. We also provide an example script of the doctor's dialogue for each case. By giving an example of the language and phrases that can be used by the doctor, for each scenario, we show how a case can be done well. Of course, there are many different, but equally good ways to approach cases. Our dialogue is just one example of how to approach each case. This guide aims to give you a step by step example of how a case could be approached successfully.

We know that many candidates can struggle, particularly under pressure, to find effective words and phrases. Many of the candidates that we have coached are international medical graduates. These candidates, in particular, benefit hugely from an initial vocabulary of stock phrases. These phrases act as a springboard from which confidence and competence will blossom. I speak from personal experience in writing this. During a 2 year stint doing Voluntary Services Overseas in Tanzania, my own early consultations in Kiswahili consisted largely of stock phrases taught to me by patient tutors. We make no apology to the Royal College of General Practitioners for potentially colouring their exam rooms with these phrases. We aim to allow candidates to communicate effectively with patients. We would discourage an overly formulaic approach. When done well, your consultations should feel like a natural conversation. But you will always be conscious that it is structured and time limited.

Doing thirteen, directly observed, ten minute consultations, consecutively with role players, and doing them well, is a daunting prospect for most prospective candidates. The key to success lies in preparation. Benjamin Franklin had it right: "Failing to prepare is preparing to fail." All of my registrars practiced ten minute consultations, in role play and with real patients, as much as possible before the assessment. Having a trainer who encourages you to do tandem or shared surgeries is perfect preparation. A key catalyst to progressing your skills is the ability to model your growing skills on someone who knows what they are doing. Call it an apprenticeship if you like.

Provided that you practice, well, well in advance of the exam, in the way that we show you, success can almost be guaranteed. Having said that some of the best doctors that I have worked with did not pass the CSA exam on the first occasion. Some excellent doctors have been needed multiple attempts at the exam. What has

made them excellent doctors is a determination to succeed and the willingness to accept constructive feedback. I read only today that the British adventurer Bear Grylls feels that: "The rewards in life go to the dogged and the determined, to the tenacious, those who get back on their feet when they get kicked." The best GPs never stop learning or trying to improve.

### **What does the CSA involve?**

The Clinical Skills Assessment is held at the RCGP headquarters in Euston Square, London. It involves doing thirteen, ten minute consultations with patients who are trained role players. You will have a two minute gap before each patient arrives, to read information from an iPad about the next patient. Each role player will enter the room with an examiner following them. After ten minutes a bell will ring, both the role player and the examiner will leave the room and there will be a two minute gap until the next role player and examiner enter the room. Usually, half way through the exam there will be a short comfort break. The candidate stays in the same consulting room, while the role players and examiners move around. Cases are designed to reflect typical cases seen in UK general practice.

The CSA is a test of your all round consultation skills. Your knowledge was tested in the AKT exam, and so a reasonable base line of knowledge is assumed. The CSA exam is more a test of your consulting skills and your ability to engage with patients as individuals. As in real life, the role playing patient will be primed with their own health beliefs, social circumstances, core values, ideas, concerns and expectations. Take all these factors into account and adapt your consulting style to suit each individual patient. Then develop a shared management plan incorporating these factors. That's all that is required in order to score well in the CSA. That being said, you will lose some marks for not being up to date in the guidance that you give to your patients. Our publication aims to give you plenty of the up-to-date knowledge that busy GPs use in their daily consultations.

To be an effective GP you will need to have a good working knowledge. In the CSA exam you are inevitably compared with your colleagues. Don't get left behind. Courses such as Red Whale (GP update) and Hot Topics will keep you up to date with the guidance that helps us to do the day job. Practical general practice can remind you of the nitty gritty.

You are marked in three areas for each case:

#### **1 DATA GATHERING, TECHNICAL & ASSESSMENT SKILLS:**

Gather and use data and clinical judgement. Choose what to examine, what investigations are needed and how to interpret them. Demonstrate proficiency in performing physical examinations and the use of diagnostic and therapeutic instruments.

#### **2 CLINICAL MANAGEMENT SKILLS:**

Recognise and manage common, primary care, medical conditions. Demonstrate a structured and flexible approach to decision-making. Demonstrate the ability to deal with multiple complaints and co-morbidity. Demonstrate the ability to promote a positive approach to health.

### 3 INTERPERSONAL SKILLS:

Demonstrate the use of recognised communication techniques to gain understanding of the patient's illness experience. Develop a shared approach to managing problems. Practise ethically with respect to equality and diversity issues, in line with the accepted codes of professional conduct.

The grades for each component will be on a four point scale: Clear Pass, Pass, Fail and Clear Fail. With 3, 2, 1 and 0 points, respectively, awarded for each component. Since there are 3 components the maximum that each examiner could award you would be 9. So a total of  $13 \times 9 = 117$  is the theoretical maximum for the whole assessment.

### How to prepare

Form a CSA group, with a small group of your peers, and meet regularly to practice ten minute consultations. Ideally you need at least 3 in the group. To play the parts of the doctor, patient and examiner.

Take a look at the Bradford VTS website. There are good case examples and videos. But be prepared to write your own case scenarios. Perhaps you would like to see how others would tackle the presentation that one of your patients has challenged you with. Take the time to turn it into a scenario for your group. Videos and cases are available in many formats. One recommended resource is: How to Pass the CSA Exam: for GP trainees and MRCGP CSA candidates. Published by Wiley. Of course our own publication aims to help you deal effectively with real patients and CSA scenarios alike.

Encourage your trainer, and other CSA-aware GPs, to do joint or tandem surgeries with you.

Video your surgeries and ask your trainer to analyse your consultations with you.

The spoken word is different from the written word. The choice of words we use matter. But we also communicate with intonation, body language and facial expression. These tools have a large effect on how others interpret the meaning of your words. In your shared surgeries, video reviews, and CSA groups, experiment with these tools of communication.

Get used to talking about medical concerns in jargon free language. Tailor your advice according to your patient's ideas, concerns and expectations. Inside health is a BBC radio 4 broadcast that I recommend to you. It is jargon free, and addresses topical health issues that affect the care that we provide. There is a wealth of back episodes available as podcasts. Mark Porter and Margaret McCartney, the show's presenters, may even start to compete with Chris Evans for your affections as you drive into work. Take the opportunity to keep up to date and to hear the sort of language that can be used to share information with your patients.

2docstalk is a helpful, upbeat, podcast that will provide you with some up-to-date medical chat that can improve your knowledge base. Most of it is relevant to your GP work despite it's America origins.

For those who have a bit more time to listen to podcasts: consider listening to the Best Science podcasts. Two good humoured Canadian experts wax lyrical about the evidence, or lack of it, for what we do in primary care. There are more than 300 podcasts in the back archive! Perhaps you might want to start with the most recent broadcasts.

Ensure that you are familiar with the contents of the GP curriculum. The [bradfordvts.co.uk](http://bradfordvts.co.uk) website online resources do this really well. It's well worth a cruise.

### ***On the day of the exam***

Make sure you don't have far to travel on the day. If you live outside London: get there the day before.

It is strongly advisable not to drive into London. Driving and parking in London is usually highly stressful as well as very expensive.

Make sure you have all of the identification documents and equipment that the RCGP instruct you to take:

"You should bring your doctor's bag containing the usual diagnostic equipment with you, including:

BNF

BNF for children

Stethoscope

Ophthalmoscope

Auroscope

Thermometer

Patella hammer

Tape measure

Peak flow meter and disposable mouthpieces (N.B. These must be EU standard)

Please note that there is no need to bring a sphygmomanometer."

Be smart, but comfortable.

Stay calm....

### **How to use the cases in this publication**

Our experience is that GP registrars gain considerable benefit from joining CSA groups early in their training. The main tool of these groups is role playing the sort of cases that might present in the CSA exam. This publication will allow group

members to immerse themselves in the roles of patient, doctor and examiner. Each role affords you to develop towards a more competent consultation style.

Junior GP registrars usually prefer to play the part of the patient, at least on the first occasion. I find it helpful to have a mix of learners – including UK graduates and overseas graduates. They bring different and useful experiences to the group. They broaden the group's depth of knowledge and communication skills. Each role play group should include at least one senior GP registrar. Groups of 3 or 4 probably work the best. One person would be the patient / actor (having listened to and read the role beforehand), another the candidate / doctor and a third (and fourth) the observer / examiner. Whenever possible please try to enlist the help of a successful CSA graduate or a GP trainer to join your group. Deaneries may well consider funding their time. Alternatively this sort of work could be integrated into your timetable of training program studies.

My local trainers groups have joined forces to put on mock CSA exams. This gives candidates an opportunity to rehearse their exam technique. We devote a day to preparing candidates for the exam. One session is usually spent doing small group work with trainers. The second session is a mock exam circuit. A day well spent. Junior GP registrars make great actor / patients. If each actor / patient rotates around the consulting rooms, this creates consistency and the junior GP registrar becomes an expert patient. This can lead to cross pollination and the expert patient can give useful feedback and propagates tips amongst the candidates.

We encourage you to use the LEJOG version of the map of the consultation. This will allow you to organise your consultations. For each case we will give you an example of a script of the words that the doctor might use. The script will be organised according to the headings from the map. Please note that the order is not slavish. It is often dictated by the flow of the patients answers and your own instincts to make the consultation feel like an organised, friendly, chat.

Here are the headings that we will be using for the GP scripts. (Adapted from Chris Marr's map of the consultation):

1. Patient contribution
2. ICE (ideas concerns expectations)
3. PSO (psychosocial and occupational history)
4. Red flags
5. Focused history
6. Focused examination
7. Identify problem and explain diagnosis
8. Check understanding
9. Develops management plan/ shares management plan
10. Safety net and follow up

We have created an innovative, coloured, map of the consultation that includes these 10 vital landmarks of the GP consultation. Imagine that you are travelling from Land's End to John O'Groats in the United Kingdom. You will usually visit each of the landmarks, starting from landmark 1 where you facilitate the patient to give their contribution and you end with landmark 10 where you provide a safety net and

