

CSA groups made easy

The scenarios in this component of Real General Practice can be used in small groups, or in mock assessments. Each scenario is based on an original audio. Some of the scenarios have been pared back to make them doable in 10 minutes. I have left the original audio intact to allow the role playing patient to understand the role.

This collection of scenarios should be used rather like a recipe book. Whether you plan an intimate dinner party or a big banquet: please use the scenarios in this section of Real general practice in the way that works best for you.

Many learners will prefer to work with fellow GP registrars, in small groups, in advance of their clinical skills assessment. An intimate dinner party.

Another option would be to put on a mock exam circuit with perhaps 6, or even 13, patient/actors circulating around the corridors of your mock exam venue, with their associated assessors.

The assessors could be trainers or CSA graduates. The judges at a big banquet.

Imagine you are about to make a wonderful, several course, meal. Each role-played scenario is equivalent to a course in the meal. But before the meal we are going to need a few ingredients. Here are the ingredients for your easy meal:

- Two or more learners, ideally 3. At a risk of mixing my metaphors I recommend that you cross pollinate International Medical Graduates and UK Graduates. Moving swiftly back into the kitchen: recruiting a trainer or a Clinical Skills Assessment graduate would add icing to the top of your cake.
- The second ingredient is a time and a place to meet.
- Don't forget to bring your resources with you. Smart phones, tablets or laptops. Big screens work better.
- A 3G connection, or better. (If that is not available you will have to download the cases beforehand).

Cooking time: 10 minutes for each patient that you will act.

Decide which curriculum area you want to focus on, and choose cases for your colleagues. Your diners may be choosy.

We recommend that you listen to the audios a day before you meet. Your meal is best prepared in advance. Listen to the cases that you will be acting as a patient.

Optional garnishes:

- Download materials if you won't have internet access.
- Consider printing off the black and white script to colour in after you have played the role.
- Print off copies of the observer sheets (map of the consultation headings sheet)
- Consider printing off a CSA feedback sheet for the trainer or the CSA graduate.

On the day of the meal or banquet:

Some diners prefer a set meal with no gaps, others prefer the chance to digest between courses. The set meals get you in the rhythm for doing a series of role plays before the assessment. The individual courses with immediate feedback and discussion allow reflection and evolution.

Whatever meal plan you opt for: Agree your format with your colleagues. When will you discuss the cases? After each case or at the end? How many scenarios will each doctor play?

You have 2 minutes to read brief before the timer starts.

The observer or course coordinator operates a 10 minute timer countdown.

Option A Intimate dinner party.

Small study groups that include, when available, a CSA graduate or a trainer.

Agree your format. Build in time for discussion. That might be after each case, or after a short series of role-plays.

Your observer keeps time and records key phrases on the map of the consultation headings sheet.

The trainer, or CSA graduate, records good points and points to improve, on the CSA feedback sheet.

Option B Big banquet.

Larger groups that include actors and assessors (these are usually trainers or CSA graduates) rotate CSA style, from room to room. Candidates stay put. We try to replicate the clinical skills assessment and give a comfort break after the 7th patient.

Your group may opt for a pick 'n' mix. This might include feedback and discussion after each course. This is what our trainers' groups tend to offer.