

Written by CSA Examiners

The CSA Exam

Maximizing your Success

Rachel Roberts, David Russell,
Simon Ormerod, and Anjum Iqbal



WILEY Blackwell

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About the companion website

The companion website contains a number of resources, including 18 clips – 12 cases + 6 ethical dilemmas, general suggestions on making the best use of the clips and the video- and case-specific educational support material.

[www.wiley.com\go\Roberts\CSAExam](http://www.wiley.com/go/Roberts/CSAExam)

About the authors

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Rachel is a GP, trainer, CSA examiner, and is a Patch Associate Director for General Practice, London. She is also the Associate Director for trainees in difficulty for North East and Central London. Her main interests are in helping learners to achieve their full potential and to enjoy working in a typical, busy general practice.

David Russell

As a retired teacher, David has a strong educational and examining background. Appointed Lay Adviser to the RCGP, he worked on the Simulated Surgery Exams and, subsequently, on the development of the CSA exam. He has been the CSA Role-Player Lead, responsible for the training and quality assurance of the simulated patients, and has published several papers about his work with the simulated 'patients' in the CSA.

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Foreword

The Clinical Skills Assessment (CSA) is less than a decade old. But during that time, it has continued to evolve to keep abreast of the latest in best practice in assessment. It has also been at the centre of a storm of controversy relating to differential pass rates for those who trained abroad and UK graduates from BME backgrounds. While the recent judicial review found no evidence of discrimination, it remains the case that the CSA is a challenge for many aspiring to be General Practitioners in the United Kingdom.

For those looking for a magic formula through the CSA, take note, you will be disappointed. Equally, this book does not offer a recipe for passing the examination. However, if you want to understand the essence of being a sophisticated consulter in a modern-day general practice, this book opens a world of opportunities. This book offers you three opportunities – the first is for you to learn about yourselves (what are your needs, how might you learn, where can you look to learn about the CSA and who can support you in your learning journey); the second is to make the most of the learning opportunities that general practice training has to offer; and the final is to demystify the CSA itself.

The chapters are written in an easy-to-read manner with a strong emphasis on simplifying the language around the CSA, a focus on bringing out the practical tips to maximize your learning and opportunities for improving your consulting. It reconnects the CSA with the best in educational practice, and in doing so, re-frames the CSA – not as an examination to be feared but to be seen as the culmination of a year-long (and career-long) expression of mingling the science of modern medical practice with compassionate consulting.

Three of the authors of this book are practising GPs – they apply the art of compassionate consulting and modern medicine in their day-to-day practice. They are all educators – they understand the challenges of preparing doctors for a life of general practice (not just preparing for the examination but for a career of consulting). The doctors are all CSA examiners – they know how examiners think and what they expect. In addition, Dave Russell has been the

role-player lead for the CSA, who has a wealth of understanding around the simulated patient.

This book is the accumulation of their collective experience, their desire to show you that there is an alternative to learning focused on 'getting through the exam', and by doing so they are trying to achieve something greater – make effective consulting part of your daily practice and, by doing so, reduce the tension and anxiety associated with the CSA.

But don't just believe what I say! Dip into the book, read a couple of chapters and even try out some of the suggestions the authors make. It has the potential to transform how you do things in the consulting room!

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Part One

Introduction

How to use this book to maximize success in your CSA exam

In planning this book, we aim to help you understand more about the three main components of the CSA exam, and to give insights into how you can maximize your potential for success.

Firstly, we will consider your own personal needs, as the Candidate, in order to pass the exam. Secondly, we will discuss getting the most from your Simulated patients (the role-players). Then we will give you an overview of the Assessment itself – what to expect and what is expected of you.

Each of these first three chapters contains boxes of essential ‘Learning Points’, and after each one we have listed as bullet points relevant ‘Tips and Hints’ under the headings of ‘Getting Started’, ‘The Consultation’ and ‘On the Day’. We hope you will find all these useful in your studies as a guide and aide-memoire.

Example:

CSA Preparation with This Book

- Part 1 will help you to develop as a Candidate, understand the Simulated patients and how the Assessors mark.
- Part 2 gives cases with detailed mark schedules, ideally to role play in pairs and groups.
- Part 3 is an interactive website, including role played introductions to cases, for you to watch, and continue the role play. Material to help you assess and analyse the consultations is included.

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We go on to give advice about dealing with dilemmas and applying an ethical approach in your consultations. We suggest an exercise to put all this into practice, and then go on to supplement this with a focus on CSA examiner feedback. Chapter 7 reviews possible areas of concern and how to avoid and/or deal with them. Part 1 concludes with a collation of the essential Learning Points from the earlier chapters.

In Part 2, we have collaborated to produce 16 cases to help you practise your exam technique, and perhaps to use as a template to apply to the exercise suggested in Chapter 5 creating your own cases, focusing on identified hot topics. In addition we have 6 ethical cases with supporting material in chapter 4.

Finally, in addition to the written materials in this book, we have filmed 18 clips – 12 cases + 6 ethical dilemmas to offer an additional learning resource. This gives a different perspective on the six cases illustrating ethical dilemmas in Chapter 4 of Part 1 and on 12 of the cases in Part 2. Purchasers of the book will have the opportunity to access these video clips on our website, and details of how we recommend they could be used are outlined in the Introduction to Part 2.

We hope you find this approach useful, and that our advice helps you to maximize your potential in the CSA. The RCGP demographic is changing since the MRCGP has become mandatory and the functions of the College are changing too. At its core remains the function of ensuring high-quality, professional GP care for all patients, and the MRCGP exam is essential to this. Patients need value-driven, patient-centred, quality- and safety-focused, energetic, knowledgeable, vocational doctors **LIKE YOU!**

Good luck!

Rachel Roberts
David Russell
Simon Ormerod
Anjum Iqbal

Chapter 1 Maximizing your potential in the CSA

In planning this book, we aim to help you understand more about three main areas. Firstly, your own personal needs in order to pass the exam. Secondly, how to get the most from your 'patients' or role-players, and thirdly, how to understand more about the exam itself. This chapter addresses how you can develop to your full potential in the CSA exam and beyond. We cover how to assess your own needs in terms of knowledge, consultation skills and also, very importantly, the preparation needed for maximizing your performance on the day. The goal of passing the CSA may be the initial motivator to develop these areas. Our real hope, however, is that you come to see your journey to success in the CSA as an excellent preparation for your life as a GP. We expect you to go on, equipped with your skills, to be successful in General Practice.

The aim of this chapter is to suggest resources for you to assess your needs, identify any potential barriers to passing the CSA and generate strategies to overcome any such barriers. This will result in drawing up a 'CSA PDP' to use and put into practice in the weeks or months before the exam. Practice of both consulting strategies and psychological strategies for dealing with stress, so as to focus purely on the 'patient', will, therefore, be honed and your all-round potential maximized in time for the exam.

Take this moment to note down any areas where you feel less confident, and so to begin to draft your CSA PDP

Thoughts such as

'I hope undiagnosed vaginal bleeding, or Parkinson's disease, doesn't come up',
are a good place to start making your planning list.

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Think of your last difficult consultation, for example an angry or very anxious patient, and add that to your development list.

Think of the last patient who left your room less than satisfied, and add the possible reasons to your wish list to practise.

When doing an assessment of your educational needs, it is important to focus equally on the clinical aspects of general practice as well as on interpersonal skills. This is reflected in both the marking schedules and the college motto *Cum Scientia Caritas*, 'science with compassion'. The assistance of your trainer/educational supervisor in assessing your educational needs is paramount, as they will often have had the benefit of working with many other learners in order to form an opinion. Your Programme Directors may be valuable resources too, as, of course, are your peers on your VTS, in helping you build on your strengths and identify areas for improvement in terms of knowledge and competence.

Knowledge

Assessing your knowledge base is something you may have done at the start of your registrar year by self-rating, and also after a discussion with your trainer. This activity should lead to an educational plan. A month or 2 before the CSA is an ideal time to revisit this process, taking into account the current GP curriculum and any 'Hot Topics'. A number of tools exist – for example the RCGP 'Condensed Curriculum Guide self assessment scale'. This is available online, via the RCGP website, and can be purchased from the RCGP Bookshop.

It covers knowledge, skills and attitudes. A number of other possible rating scales exist – anything which accurately covers the curriculum will be fine, if the layout suits you. Patients themselves are an excellent resource. By identifying *patient unmet needs (PUNs)* in your consultations, you will identify your *doctor's educational needs (DENs)* – (Eve, 2003).

Time now to do a brief knowledge-base assessment to confirm areas of the curriculum needing attention

Ideally 1–2 months before the CSA exam:

- Use one of the GP curriculum confidence rating scales.
- Write the areas needing development in your CSA PDP form, at the end of this chapter.

Having decided any areas for development, these can be entered in your 'CSA PDP'. Following this, a strategy for improving these areas and potential resources for doing so can be listed.

LEARNING POINT 1: 'My CSA PDP' – resources for improvement

- RCGP e-modules EKU (Essential Knowledge Updates) are compiled by representatives of the examiners' panel.
- 'Innovait' – covers every section of the Curriculum on a 3 yearly cycle (ST1-3).
- Summaries of GP guidelines such as 'e-guidelines' which also produce a book with a compilation of current guidance in handy flow charts and tables.
- GP free magazines which include CPD or review articles, for example 'Prescriber' magazine.
- 'PUNs and DENs' after each surgery, with a quick reference to the current guidelines after seeing patients.

A tip we often give is to repeat an AKT test or two in the month or so before the exam – this may expose gaps in your learning and is likely to prompt you to polish areas that may be hotter topics.

Consultation skills

From the analysis of the feedback to candidates given by examiners during the marking process, we know which areas of the consultation are highlighted most commonly, and are, thus, the areas most likely to cause you difficulty in the CSA.

The first aim of this section, therefore, is to help you identify potential barriers to passing the CSA, and hence make plans to maximize your potential. Secondly, we will summarise the most successful ways you can develop awareness of your consultation style. Finally, but possibly most importantly, this section will raise awareness of behavioural theories, which help interpersonal interaction, and, therefore, have the potential to improve your patient consultations. Such skills can most certainly be learnt, but only with practice and feedback from your patients and educators.

LEARNING POINT 2: Examiners' feedback statements – areas commonly highlighted by examiners as needing improvement

- Consultation structure/time management.
- Management plans in keeping with current best practice.

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- Identifying the patient's agenda, health beliefs and preferences.
- Use of verbal and non-verbal cues. Active listening.
- Sharing the management plan, clarifying the roles of doctor and patient (RCGP, 2014; Trafford, 2010).

Issues with structure can be addressed by watching your own videos, and analysing the sections of the consultation, using any of your favoured consultation models. Comparing your consultations against consultation models and also against the feedback statements may highlight for you which areas of the consultation are receiving least attention, and, therefore, need developing. Commonly, during the time-limited CSA consultations, candidates spend too long on data-gathering, leaving little time for the management plan, and even less for sharing ideas with the patient around the management plan. This is emphasised in the recent consultation model, 'The Consultation Hill' by McKelvey (2010), which refers to the preparation for the CSA in terms of managing 10-minute consultations and leaving sufficient time for these vital sections.

The feedback statement given to a candidate – '*Does not develop a management plan (including prescribing and referral) that is appropriate and in line with current best practice*' – suggests that the knowledge base needs addressing. In a sense, it should be possible for all candidates to remedy this, using the methods mentioned in the 'Knowledge' section. Practice in applying the knowledge is required, as real patients are generally far more complicated than the guidelines suggest, often having multi-morbidity or important influencing factors in their social situations. Hence, discussion of cases with your trainer and practice/community team colleagues, and also checking that knowledge is truly sound, will improve these areas. Examples could include being aware of prescribing for the presenting condition safely, but in order to do this, you may have to take into account a patient's other medical conditions, or occupation, which would influence appropriate or safe choices (e.g. prescribing in safety critical jobs such as tube train drivers, or in pregnancy).

The feedback statements – '*Does not identify the patient's agenda, health beliefs and preferences*', and also '*poor active listening and use of cues*' – are at the heart of interpersonal skills during the data-gathering section of the consultation in particular. Here, GP consultation models as well as other simple behavioural models can be extremely effective in GP consultations,