# Chapter 1 **Maximizing your potential in the CSA**

COPYRIGHTED MATERIAL

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.

*The CSA Exam: Maximizing your Success*, First Edition. Rachel Roberts.
© 2016 John Wiley & Sons, Ltd. Published 2016 by John Wiley & Sons, Ltd.
Companion Website: www.wiley.com\go\Roberts\CSAExam

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.

- 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,

particularly with role-played CSA cases. Such behavioural or neurolinguistic models give us some very useful pointers to consulting effectively –

- Become interested and curious
- Create rapport
- Ask questions
- *Listen* and check your understanding of what they describe
- Pay particular attention to their non-verbal communication
- *Leave enough time for management* (adapted from Reg Connolly + Pegasus NLP, 2014 for the GP consultation by Dr R Roberts)

For example, if you ask a person presenting with headaches how things are at home, and there is an immediate break in eye contact, and a change in posture to become more closed, it would suggest that home may be an area of pain or discomfort for the patient.

**LEARNING POINT 3: Tips for effective consulting style in the CSA**

- Become interested and curious.
- Create rapport.
- Ask questions.
- *Listen* and check your understanding of what the patient describes.
- Pay particular attention to the patient's non-verbal communication.

'*Does not develop a SHARED management plan, or clarify the roles of doctor and patient*' applies the above principles to the discussion with the patient regarding the suggested management plan. For example, "be curious" about what they think of the plan or the options you have given them. You are then in a position to adapt and negotiate. Again, work in behavioural techniques suggests the following:

- 'In any interaction, the person with the greatest behavioural flexibility has the most influence on outcome'.
- 'Discover the person's perceptions before you seek to influence them' (Connolly/Pegasus, 2014).

Our interpretation of this, in relation to our consultations, and particularly the CSA exam, is that patients will respond to empathic attitudes. Secondly,

if the way you are approaching a consultation is not working, be prepared to change your approach – that is be truly patient-centred. Management plans not only need to take account of the current best practice, but, very importantly, also need to take into account individual patient factors – such as their fears, beliefs, or responsibilities (e.g. as carers). Finally, a reminder that time management is very important in allowing you to give enough attention to this section of the consultation, as it is most usually towards the end.

There is much more detail on how best to use Examiners' feedback statements in Chapter 6.

## Exam-performance management

It has become apparent, in working with a range of GP registrars, and also with trainees in difficulty, that, for some people, exam-performance anxiety can be one of their main personal barriers to passing the CSA. Just as consultation skills can be learned, and practised, exam-performance management skills can also be learned and practised in your surgeries. There are also specific resources available to those who may need outside or specialist help. For example, barriers to success can be negative thinking, or self doubt, clouding the consultation and preventing you from truly hearing the patient.

Adapting neurolinguistic programming (NLP) resources to the GP consultation suggests tools such as identifying, challenging and replacing unhelpful thinking. For example, replace the fear, 'I will fail', with the fact that 'there is evidence my consultations are good' – as identified by trainer and patient satisfaction questionnaire feedback (Connolly/Pegasus, 2014).

Replace any worries you may have about any perceived weaknesses, with techniques to overcome these. For example, if you tend to speak very quickly, and this has caused patients difficulty in your consultations during training, then start the initial introduction deliberately calmly, slowly and with a smile. Focus on a warm tone, and try to avoid a very fast rate of speech, as this appears less empathic to patients. Don't forget, after each point you make, to leave a gap for the patient to respond. If any genuine misunderstandings occur during the interaction, don't be frightened to ask the patient to clarify, or check that they have taken in what you have said. Practise this through your consultations in the surgery.

'Act calmly'. Remember that your body language (e.g. sitting with shoulders hunched, looking down and not smiling, or even gritting your teeth!) has an impact both on your interaction and also your self confidence. The converse is also true – sitting in a relaxed physical posture, and calm breathing allows anxieties to fade into the background. This is a small part of how we can adapt our own behavioural responses to stress.

Care with non-verbal cues, such as being observant to the patient's body language, and also your own – such as comfortable eye contact, where often you and the patient mirror each other's eye contact – will be very effective.

In the CSA, at the 10-minute buzzer ending a consultation, clear all thoughts from your head. You really have no idea how many marks the examiner has just given you, so please use the time to gain information about the next case by reading the patient's records. It is essential to clear your head fully for the next case.

**LEARNING POINT 4: Performance management tips**

- Replace unhelpful, negative thinking with positive thoughts.
- Replace your concerns about your perceived weaknesses with tools to overcome them.
- Act calmly.
- Be aware of your own body language and non-verbal cues.
- When the buzzer ends the consultation in the CSA, clear your head for the next case.

In preparing yourself mentally for the exam, and in terms of housekeeping, you should decide how you intend to use the 2-minute break between patients. You should aim calmly to read the information in the patient records in the iPad, including whether any results, valuable past history or social history are available to you.

In addition, prior to taking the CSA, practise any relaxation or focusing techniques which work for you. In your day-to-day surgery, this can be done in the very short time that patients usually take to walk along the corridor to the consulting room, so that your mind is open and receptive to whatever the new patient is about to share with you. This can then be part of your preparation in the 2-minute gap between cases in the CSA. It may also be useful to practise beforehand how to apply this technique, in order to relax and refocus as quickly as possible in the CSA, if, for example, you have just had a very stressful consultation, such as an angry patient.

## Conclusion

In conclusion, one of the theories in NLP is that we can learn techniques to achieve positive outcomes in our interactions with other people. This is surely the entire basis for us, as GPs, in looking at and practising consultation models and skills. This idea can, therefore, be expanded to practise stress management techniques in patient interactions, with a view to utilising it in clinical exam situations.

For the vast majority, such simple techniques, and the support of their trainer, are all that is needed. Some individuals may have identified that they need additional help with their anxieties around the exam. Cognitive behavioural therapy is one option, and a number of avenues exist for this, such as the 'Practitioner Health Programme' and also 'Mednet', which is provided by the professional support unit. Across the United Kingdom, your GP school would be able to signpost you to local resources. Please do not feel reticent about asking for such help, as all GP educators will be delighted to help solve a problem and even happier to see a good end result.

The aim of this section on exam-performance management is to help you to determine your goals for your CSA PDP, and to begin to prepare psychologically for the day of the exam, by practising and devising your coping strategies. We hope this will allow you to perform to the best of your ability and maximize your success.

**Table of personal needs, following self assessment, with trainer input**

| My personal needs (based on possible perceived barriers) | My strategies to overcome and assist me in passing the CSA |
|---|---|
| | |
| | |
| | |
| | |
| | |

**Agreed CSA PDP – integrating learner and trainer conclusions.**
*This should also integrate feedback from any courses attended.*

| My agreed goals for target areas | Progress and comments |
|---|---|
| | |
| | |
| | |
| | |

**Tips and Hints – Getting Started**

*1.i Getting Started – Preparation for Taking the CSA*

- Start your preparation early.
- Prepare to be challenged – and challenge yourself!
- Preparing for the CSA is about preparing for work as a real-life GP.
- Practise in the surgery and apply skills on real patients – in particular new patients.
- Use the resources of the practice – use all the team, use Out of Hours.
- It's a knowledge test too – consider taking a 'passmedicine.com' AKT refresher.
- Get exposed to stress early in the year – exposure leads to experience.
- Read around consultation skills.
- Read around the MRCGP curriculum.
- Hit the ground at Euston at a comfortable trot – if not running.
- Go in with a positive attitude.
- Work in small groups.
- Develop cases sampled from your day-to-day work – build on the case creation exercise in Chapter 5.
- Role-play being a candidate, being an examiner, being a patient.
- Stretch yourself by choosing cases with ethical dilemmas – reflect on the ethical dimension (see Chapter 4).
- Use video to reflect on your techniques.
- Use your trainer – joint surgeries/video.
- Show videos of challenging cases to your trainer/others.
- The COT is formative – competence in COT gives guidance about your readiness to take the CSA.
- Map the COT domains as appropriate and use the feedback statements to improve and groom you for the exam.
- You can always revert to the standard COT after the CSA.
- Try to do COTs with more than one trainer – a different perspective is often helpful.
- Do more than the minimum – the more you do, the more feedback you will get.
- When you are preparing for the exam in earnest, move on from COTs and just get your trainer to assess you on data-gathering, clinical management and interpersonal skills (plus a global comment).
- Put areas for improvement in the agreed actions in your run-up to the CSA (from your CSA PDP – see above).

The RCGP curriculum is daunting and ever changing. You need to be both current and to

- show aptitude for life-long learning
- check you have covered the curriculum adequately
- use your training needs assessments, inductions, reviews, tutorials as opportunities to assess and address your learning needs
- target your learning on current hot topics
- use the GP curriculum as your 'satnav' for learning throughout training
- review your e-portfolio: both the curriculum and eportfolio have been adopted into revalidation; you need them to navigate the territory 'towards the CSA and beyond'

We recommend 'RCGP – The Condensed Curriculum Guide' as an excellent overview and 'vade mecum'.

*1.ii Getting Started – Materials to Use*

Check out the RCGP Website – www.rcgp.org.uk – and follow the links to 'MRCGP Clinical Skills Assessment (CSA)'

There is a wealth of information here about the CSA, which is constantly updated. Here is a list of some of the materials available at the time of going to press –

- What is the clinical skills assessment (CSA)
- Format of the CSA
- Introduction to the CSA cases
- CSA walkthrough video
- Delivery of the CSA/use of iPads
- CSA booking procedure
- Dates of applications for CSA examinations and publication of results
- Apply for the CSA
- Declaring a disability or requesting special adjustments
- Preparing for the CSA
- Arrival and departure times
- Equipment required on the day
- Dress code
- Candidate briefing
- CSA marking
- Video recording
- CSA results and feedback

- CSA summary reports from September 2010 to December 2014
- Complaints, reviews and appeals

Use CSA case cards – RCGP Wessex
Watch and review 'A Guide to the CSA' – DVD exemplars – RCGP Wessex
Read 'The Condensed Curriculum' – pages 46–52
Target the MRCGP curriculum – especially 'Being a GP' core statement
We recommend that, to help prepare, you refer to the "Generic Indicators for targeted assessment domains" (http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/~/media/BD43B1D830F14793A92C505360F50D08.ashx) This is a really useful tool for you and your trainer to use in video and observed surgeries, and to assist in small group work (see Chapter 5).

## References

Connolly, R. (2014) Master practitioner in Neuro-Linguistic Programming + Pegasus website – www.nlp-now.co.uk/core_skills_syllabus.htm. Last accessed 28 August 2015.

CSA examiners' feedback statements. (2014) www.rcgp.org.uk. Last accessed 28 August 2015.

Eve, R. (2003) "PUNS and DENS: Discovering Learning Needs in General Practice". Oxford: Radcliffe Publishing Ltd. Luft J (*1* 961).

McKelvey, I. (2010) "The Consultaton Hill" Br J Gen Pract (BJGP) 60(576): 538–540.

Trafford, P. (2010) Retired associate director for trainees in difficulty London Deanery.