Zen and the Art of passing CSA

The following are notes taken from a presentation of this name given by Dr Jim Bartlett. )Though Jim carries no responsibility for any errors in this summary.)

**Zen is important** because it is crucial that trainees are themselves and genuine.

# Myths

There is no RCGP model

There are no good phrases which you should use

ICE is crucial: Asking for ICE is not as important as using the responses (i.e. were you sufficiently curious and interested? Or did you appear to ask questions and not engage with the replies?)

# Traps

Many cases are similar but patients vary in CSA as in real life; so don’t assume you ‘know the case’ because you have heard something similar elsewhere.

Don’t use any phrases or questions which you don’t feel natural with

The worry about the fairness of the exam may contribute enormously to problems… think instead: If I put all the energy I’ve put into worrying about the fairness of the exam into improving my own skills and competencies how much better would I be (as a Dr and at the exam?)

# Why do people fail?

Most people fail because they do not demonstrate Clinical Management skills sufficiently.

Failure because candidates do not demonstrate Inter-personal Skills are significantly rarer.

(Remember without sufficient Data Gathering skills candidates are likely to fail on Clinical Management so a bare pass at DG may contribute to a fail at Clinical Management. )

# Feedback statements

The proportion of those who get feedback statements is different for IMG candidates

Commonest statements

7 : Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice.

18% of everybody but amongst IMGs 24%

Then

13 : Poor active listening skills and use of cues. Consulting may appear formulaic (slavishly following a model and/or unresponsive to the patient), and lacks fluency.

12% of all but 21% of IMGs

Then

2 : Does not recognise the issues or priorities in the consultation (for example, the patient’s problem, ethical dilemma, etc.).

All 15% and IMG 20%

Then

15 : Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient

All 14% IMGs 20%

Proportions accurate in spring 2013

# Tips

* Be really familiar with the 3 domains tested in CSA and what they mean
* Review lots of consultations with more than 1 trainer *both* on video *and* in joint surgeries
* When using COTs don’t be content with competent but look for excellence; discuss what would have made this consultation excellent.
* Practice consulting at 10 minutes for the consultation (does not have to include reading beforehand and computer use afterwards)
* Get used to wearing the clothes you will wear for the exam
* Try a surgery in another practice / with an external trainer coming in to assess you.
* Practice examination of things which can be examined on a simulator 26 times a day
* Practice explanation of results and also of common conditions to non-medical friends ( and to the mirror!)
* Make decisions; don’t postpone decision making
* Learn to share your thoughts when you are stuck
* Practice early open questions and plan time so that you have completed Data Gathering by 5-6 minutes.
* Live in an English world completely (what language do you talk at home, what TV / radio programmes, etc.)
* In joint surgeries practice “trio consultations” i.e. share thoughts in front of the patient openly half way through.
* Time away from GP just before the exam does not help …keep consulting
* Use a peer support group which is not full of your friends (friends may not be good at being critical)
* Think of the consultation as a conversation in which you don’t talk much especially at the start but later you will need to take a bigger part in as you pull information together.
* Explain why you need to know particular things
* Talk whilst examining (explain your findings or more ask more Data Gathering related questions)
* Practice 1 new skill in each consultation until you are confident in it.
* *Don’t see CSA as a Game*

Mike Tomson

Adapted from Dr Jim Bartlett 2013

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