

CSA Feedback to Candidates

1 INTRODUCTION

The following is an outline of the main performance themes arising from a review of the cases used in the CSA during 2014-2015. These observations are designed to aid candidates in their preparation for the CSA, and to ensure that they have the opportunity to direct their efforts most effectively.

2 CASE NUMBERS

The RCGP has been preparing cases for the CSA since 2006 and we now have a bank of over 700 from which we choose a palette of 13 cases to be used on any given day. It is important for candidates to appreciate that we now have a very significant number of cases that are similar in outline to each other. Throughout the course of the year we have received anecdotal reports from examiners who have witnessed candidates appearing to make a diagnosis after a minimal degree of data gathering. The diagnosis has been incorrect but, it later transpires, correct for a similar case that had been run earlier in that recent exam period. The examiners were all concerned that these candidates had been convinced that the case they were seeing was the same one their colleagues had seen.

Even if discussions with colleagues who have previously sat the CSA result in candidates correctly identifying the case, these candidates often take short cuts in data gathering, driven by the knowledge that they 'know the case'. Key aspects of safety netting are often missed and the candidate scores less well than had they approached the case with no prior knowledge.

Top Tip: do NOT allow your colleagues to discuss their cases in detail with you. It is against exam regulations and it does nothing to help you in the exam you are about to sit.

3 CURRICULUM AREAS THAT CANDIDATES FOUND DIFFICULT

Looking at the average scores for cases linked to the main Curriculum area for the case, it is hardly surprising to see that cases focused on the most commonly encountered areas in general practice perform well. Cases involving Cardiovascular, Respiratory, Metabolic, Digestive, Women's Health and Sexual Health are generally managed well.

The six Curriculum areas with the lowest average scores are:

Care of People with Eye Problems
Genetics in Primary Care
Care of People with Intellectual Disability
The GP Consultation in Practice
Care of People with ENT, Oral and Facial Problems
Care of People with Skin Problems

Since the CSA aims to test skills across a range of clinical areas, it should be expected that you will be asked to manage cases involving less commonly encountered areas. It seems that these areas bring their own specific challenges and it is worthwhile considering how best to prepare for them:

- Ophthalmology and ENT problems: think of the type of cases that might be reasonably reproduced in the CSA setting and practice managing these cases in your small groups. These cases often require physical examination skills and these need to be practiced so that you can undertake the assessments in an efficient and focused manner
- Genetics cases test the ability of candidates to explain occasionally complex ideas to patients. Practice how you might help a patient make a decision regarding conditions that might have a Dominant, Recessive or sex-lined inheritance.
- Those cases in the 'GP Consultation in Practice' and 'Intellectual Disability' Curriculum areas often involve examples of cases with an ethical dimension. Practice how you might help a patient make a decision that is right for them by guiding them through key ethics related issues. Consider how you might undertake an assessment of Capacity in a manner that would allow an observer (your examiner) feel confident that you have the skills to make this judgment.
- Skin problems often involve the use of a photograph so that a diagnosis can be made. This occasionally appears to take candidates by surprise, so find ways of practicing these types of cases with images taken from the Internet so that you can get used to encountering such cases

Top Tip: when you are practicing for the CSA, do so with your colleagues in small groups. Task each of you to design a 10 minute case to practice on each other but do so with a specific curriculum area in mind. This will force you to consider cases from less commonly encountered clinical areas. Use the details of the RCGP curriculum statements to anticipate the types of cases we might have designed.

4 GETTING THE BALANCE RIGHT

Of the three marking domains over the last 12 months, it is Clinical Management that consistently scores the most poorly. There will be many reasons for this:

- *Too much time was spent on Data Gathering.* Sometimes this is because the case is challenging and involves an uncertain diagnosis. However, examiners more often see examples where candidates return to Data Gathering, 'just to be sure'. The rare gain of a mark in this domain is certainly offset in a negative way by the occasional large loss of marks because Management has barely been addressed before the buzzer goes. In general, candidates will score better if they aim to complete the case, even if they are uncertain of the diagnosis. It is also important to appreciate that there are cases written in which no clear diagnosis is expected: we are interested in seeing how you will safely manage the uncertainty.
- *Not enough flexibility in Management was demonstrated.* In general, it is best to follow nationally agreed guidelines and management. However, there will be instances where a patient has their own strong reasons for wanting to try something different. We occasionally try to reproduce this in the CSA and we are interested in seeing how you deal with this challenge.

- *Missing out safety netting.* It is surprising how often this important area is missed by candidates. In many instances the lack of a final check that the patient knows the circumstances of when they should return or a simple explanation of possible problems with therapy result in an otherwise good management losing a mark. Repeat this error on a number of cases and you may find yourself scoring 3-4 marks less than you might easily have achieved.

Finally, it may be helpful to consider the feedback statements most commonly used last year when identifying reasons for poor performance:

- *Feedback Statement 7* - Does not develop a management plan (including prescribing and referral) reflecting knowledge of current best practice
- *Feedback Statement 2* - Does not recognise the issues or priorities in the consultation (for example, the patient's problem, ethical dilemma etc.)
- *Feedback Statement 10* - Does not demonstrate an awareness of management of risk or make the patient aware of relative risks of different options

Feedback statements 7 and 10 are a reflection of the advice given above regarding timing and flexibility. However, feedback statement 2 is often recorded as a reason for poor performance when the candidate is guilty of jumping to conclusions. Sometimes this is caused by the belief that they 'know the case', but equally this may be due to a somewhat fixed and doctor centered consulting style.