Introduction to the CSA cases

What do the cases test?

Although up-to-date knowledge of general practice and of general medicine is necessary to pass this examination, it is not primarily a test of knowledge. It is a test of the ability to integrate clinical and communication skills, to produce a meaningful consultation which moves the patient forward towards a justifiable management of their presenting problem. Showing an ability to engage patients in the consultation, using recognised interpersonal skills (such as enquiring about the patient’s health beliefs and incorporating these into the explanation of their presentation), is an important part of general practice and is assessed with in the ‘interpersonal skills’ domain of the marking schedules (please refer to the CSA Information for Candidates). Valuing patients’ contributions and respecting their autonomy and decision-making are also assessed. Efficient and targeted data-gathering, together with correct diagnosis and management plans that are congruent with current UK general practice are also assessed. The overall mark given for a case will depend on the candidate’s ability to combine the two areas of clinical consulting with their interpersonal skills.

Case Palette selection for the CSA

A candidate sitting the Clinical Skills Assessment (CSA) undertakes thirteen observed consultations involving role-players. Those thirteen cases represent a ‘palette’ of cases, the same palette being used on all three floors of the exam centre and repeated in the morning and afternoon. A different palette of cases is used on each different day of the CSA.

There are selection processes to ensure that the palettes are both balanced (across curriculum areas) and comparable (from day to day).

An initial automated selection of cases from the case bank database is carried out. That selection is then scrutinised by a small, experienced team of examiners who carry out further adjustments to the selection. This process ensures that a suitable range of clinical and consultation skills is being tested in each day of the exam.

About the cases

Cases are written by selected members of the RCGP Examiner panel from across the UK who have undergone training in case writing for the CSA. Cases are chosen to fit into an assessment blueprint derived from the MRCGP curriculum, and each relates to a specific Curriculum Statement. Cases are often informed by situations that the case writers have experienced themselves and are therefore representative of UK general practice. They are regularly reviewed, including a check before the diet in which they are running. Each case is written in three sections:

1. Instructions to the role player playing the part of the patient.
2. Instructions to the examiner, including notes on how the case should be calibrated and marked.
3. Case notes for the candidates.

There is also a section on supporting evidence pertinent to that particular case e.g. summary of national guidelines. Candidates will only see the case notes written for them. As well as the name, age and address of the patient, they could include:

- Past medical history
· Current medication
· Social habits
· Notes from previous consultation(s)
· Test results (e.g. ECG)
· Letters from specialists

These case notes are kept to the essential minimum so that candidates do not have to wade through unnecessary details.

The cases are marked by trained MRCGP examiners who start the day by calibrating the case with the three role players in order to ensure reliability and consistency.

**Does prior knowledge of CSA cases help you pass the examination?**

Candidates are asked not to reveal the cases they have seen as copyright resides with the RCGP. Anyone found fraudulently using RCGP cases risks referral to the GMC, as we regard this as a form of cheating. However, a number of ‘live’ cases have been circulated through the AiT community. These have been created by trainees who have taken the CSA or trainers who have collected them, promoting them as being helpful in preparation for the examination. The purpose of the following section is to warn against rehearsing cases that you think are part of the case bank, and to suggest a constructive alternative approach.

**The risks of using illicit case material**

There are over 600 cases in the CSA case bank, with new ones being written throughout the year, so the chances of seeing a case that you have heard about are slim. Moreover, while candidates could take away the clinical presentation of a case, without the case specific marking schedule, they will not have much idea about the focus of the case or how it would be marked. Another reason to exercise caution with illicit information is that we frequently tweak cases so that while the persona and clinical context remain the same, the focus of the case or the diagnosis is changed.

**Preparing for the cases**

We recommend that you see plenty of patients in your surgeries, getting down to 10 minute appointments as soon as you can. Reflecting on how you would deal with these consultations in an examination situation will enable you to tackle the CSA with confidence. Using hot reviews with your trainer to do this would be a useful exercise, marking yourself in the domains of data gathering, clinical management and interpersonal skills.

You may like to consider how you would consult if presented with the following types of cases:

**1 Cases with a clinical examination**

Think about the type of clinical examination that will be possible with role players. Some examinations might require demonstration on a manikin or model (for example a breast examination or PR examination), and some are not likely to occur because they will become too uncomfortable for the role player if repeated 26 times. Make sure you are ’slick’, focussed and can demonstrate appropriate use of diagnostic instruments. During a CSA case, if you feel a clinical examination is appropriate, you should go ahead with it; the examiner will stop you if you are not required to proceed.

**2 Age specific cases**

There is likely to be at least one paediatric case and one that involves care of elderly people. Think about the type of case that is feasible in the CSA – how might a case involving a baby be presented?
3 Cases involving issues of diversity
   At least one of the cases will involve an element of diversity such as ethnic/cultural issues, age, physical disability or learning difficulty. How you deal with the patient (hopefully with tact, understanding and respect), will have a bearing on the mark you receive.

4 Acute and chronic presentations of illness
   Think about the types of cases you are seeing in your general practice, and imagine how they might present in a CSA-style examination.

5 Cases involving team working
   Effective working with teams is one of the RCGP competency domains. Think about team members who might ask to have a word with you during a busy day at the surgery. What sort of problems might they bring you? How would you respond in a manner that shows you are a good team member? Can you demonstrate that you know when to assume which role, e.g. when to lead?

6 Telephone triage and home visit cases
   You might be presented with a telephone triage or home visit case. Use your OOH experience to think about the types of cases you have dealt with, and how they might present in the CSA. A call might be from a patient or by someone speaking on behalf of a patient who is unable to call.

Kamila Hawthorne July 2009, revised JH Jan 2014