Candidate Instructions for CSA

Welcome to the MRCGP CSA

Registration:
• A combined non-disclosure and electronic device agreement form should have been completed and signed at check-in
• N.B. You are required to hand in all electronic devices when registering – if you have not already surrendered your mobile ’phone, etc.: Please do so immediately – it must be signed in before the briefing begins at 09.15
• You should remain in this waiting room at all times once registration is complete until directed to your floor at the end of the briefing

Facilities:
• Water and hot drinks are available
• Toilets are situated in the corridor past the reception area

Timetable:
• 09.15 - Briefing by a senior examination marshal
• 09.45 - Proceed to examination circuits. Each room has its own individual locker for personal belongings
• 10.00 - CSA starts
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• After completing registration, you should remain in this waiting room until directed to your circuit at the end of the briefing.

• At 12.45 a curfew will be called whilst candidates from the morning session leave. During this period all candidates are required to remain in this seminar room until further instruction.

Facilities:
• Water and hot drinks are available
• Toilets are situated in the corridor past the reception area

Timetable:
• **13.20** - Briefing by senior examination marshal
• **13.45** - Proceed to examination circuits. Each room has its own individual locker for personal belongings
• **14.00** - CSA starts
The MRCGP Clinical Skills Assessment -CSA-

Welcome and Instructions
Fire alarm

- Stop what you are doing
- Leave all equipment
- Your examiner will escort you to assembly points using stairs at nearest exit
- Inform your Floor Marshal if you have a disability that would prevent you using the stairs
- Less able-bodied people will be attended to by a member of College staff
- Do not use lifts
Fire alarm

- Stairs not lifts
- Examiners are responsible for candidates and RPs
- Assembly point on Euston Square Gardens – East (far end), outside front of Euston Station
After the briefing

- You will be shown to your room
- Check GMC number on your door is correct
- Everything apart from diagnostic equipment into the locker inside your room. Place key on hook outside room
- Large cases/bags should be placed against the wall just outside the door to your room
- Water is available on each circuit
What will already be on your desk:

- On your desk:
  - Some blank prescriptions [FP10]
  - Whiteboards (rubber and pen) for making notes
  - Possibly additional equipment that may be needed (i.e. items not part of ‘Doctors bag’)
  - iPad in frame set at the patient list screen
  - Patella hammer

- LEAVE all this behind at the end

- Assume all the usual facilities available e.g. handouts/referral to members of PHCT
What you are allowed on your desk:

- Standard & Children’s BNF (N.B.: both must be clear of additional/hand-written notes), stethoscope, ophthalmoscope, auroscope, tape measure, peak flow meter (sphygmomanometer not compulsory) – N.B.: Replacement equipment cannot be provided by the exam centre
- Marshal/Floor Manager may check BNFs prior to the exam start
- No other books, prompts or paper - if you have any with you, please store them away in the locker provided
Electronic Equipment

- Mobile ’phones, tablets, etc., should already have been handed in at reception – if not, hand them in to your Floor Manager as soon as you get to your floor
- No use of any other electronic devices - this includes oxygen saturation monitors, digital pens, digital watches, and clocks - a digital timer is clearly visible on the wall in front of your desk and will automatically count up to 10 minutes for every case
Logging in to your iPad

When you enter your room, you will find that your iPad is already logged in and displaying your patient list for the day.

Each iPad displays the patient list that is specific to the room it is in - i.e. they will be in the order that you will see them.

Please leave your iPad plugged in to its power source.
Logging in to your iPad

• Should you accidentally log out of your iPad, re-enter the app (if necessary) and log in using your GMC number:
View your patient list

- Tap on the appropriate bar to view case notes
Reading your case notes

Materials and instructions to candidate

In this station...
You are a Doctor in surgery
Case notes for the patient:
Name: Mabel Daventry.
Age: xx years
Address: House, Street

Social and Family History:
Information
Past medical history:
xx yrs ago Condition
xx yrs ago Condition
xx yrs ago Illness
x months ago BP reading

Current medication:
Tablets xxmg
Tablets xxmg
Reading your case notes

• You can look at any set of case notes at any time
• Some may be longer than a page – there will be a prompt at the bottom to ‘scroll down’
• Findings/results, etc. may also be displayed on your iPad – scroll down to view these where applicable
• At the end of each case ‘mark station as complete’ by tapping the button at the bottom left-hand corner of the patient notes screen:
• iPad will automatically return to the patient list where the cases you have marked as complete will be highlighted in green. The next ‘unhighlighted’ case is therefore the next patient to be seen:
Reading your case notes

• If you go back to the patient notes that have just been ‘marked as complete’ a message at the top of the screen will inform you that you are on a case that has already been ‘marked as complete’:

• If you are pre-reading a later case and mark it as complete accidentally, this can be cleared with the same button as before:
Marshals

- All experienced examiners and GPs
- Each circuit has a marshal and member of College staff as Floor Manager
- They are there to help you!
- Tell them if you have a problem – do not wait until the end of the exam or when you arrive home
  - There is a ‘Request help’ button at the bottom of the iPad screen. If you happen to not receive a response when needed, please physically/verbally alert one of the invigilation staff.
Examiners

- Examine one case only
- Unobtrusive
- They will attempt to be out of your eye line
- Marking during and afterwards
- No marks are submitted until after the case has finished
- Although we try to ensure that candidates are not examined by examiners from their locality, it is possible that you may recognise someone you know.

➢ Examiners are trained to make judgements solely on the basis of what they actually observe and hear during each consultation.
Role Players

- Professional, trained role players
- Play same case all day
- Well trained, rehearsed and standardised
- No assessment role
- Treat with courtesy, examine with care
- RPs do not deliberately conceal information
- Age/ethnicity matched to their case; however, occasional need to substitute a RP – in case of this event, you should always follow details in the case notes
- With RPs being professional actors, it is possible that you may recognise one or more of them. As above, follow the details in the case notes should this occur and proceed with the consultation as you would with any other patient.
Time allocation

- Cases last 10 minutes
- Sounder marks the start & finish of each case
  - Red:  
  - Blue/Purple:
- Normally 2 minute break between cases
- After 7 cases there will be a 15 minute break for refreshment - please wait in your rooms to be collected
- You will be escorted to the toilet if required
- Please do not discuss cases during the break
- There will be 6 cases after the break
Format & Case content

- 13 simulated patients
- Each accompanied by an examiner
- Observers may be present for Quality Assurance or piloting purposes
- Typical cases from across RCGP Curriculum
- Manage the cases as you would in general practice, including prescribing, referring, etc.
- A clinical examination may be required …
Clinical Examinations

- Ask to examine the patient:
  - The patient may agree for you to proceed
  - You may be offered a model to examine
  - You may be given written, photographic or verbal clinical findings
- Your choice of examination will be marked
- Your examination technique will be marked
- The examiner may move to observe an examination
What is it like?

- A day in General Practice but
  - No computer
  - No interruptions
  - No need to write up the notes
  - You may be asked to go to another room for a home visit station. If this is the case, a Marshal will collect you from your room at the appropriate time; equipment will be provided in the home visit room.
Telephone Cases

- Each room has a telephone on the desk
- You will call the patient from your room (press ‘1’)
  - If you terminate the call, you can reconnect by pressing ‘1’ again. The patient will still be ready to receive your call.
- Start the conversation as you would normally, introducing yourself by name
- Do not ring until the timer begins
- Marshal will stand by patient/examiner room to ensure call has connected successfully
- If not on telephone case, do not touch the telephone
Notes, etc.

- If a prescription is written, give it to the role player. It may be marked. There are cases that require you to write or give verbal instructions, re: a prescription.
  
  >>Fit notes to be verbalised (no paper hardcopy).

- Apart from the above, please use the whiteboard if you make notes - not paper. Do not write on anything other than the whiteboard. **No notes (paper or other) to be taken in to or out of the room.**
After the case/at the end of the exam

- If you finish early, do not worry. Not all cases take 10 minutes. However, you can call a patient back in (so long as it is still within the original 10 minutes)
- Say *goodbye* and await the next case
- After the last case, do not leave your room or access your locker until a staff member has entered to collect all paperwork and your coloured lanyard
- Log out of your iPad – ‘Log out’ button in the top right-hand corner of the screen
- Your electronic devices will also be returned. Once all this is complete you will be allowed to leave – but not before
- If you are meeting friends/colleagues at the end of your exam – please meet outside the building
<table>
<thead>
<tr>
<th>Case</th>
<th>Domain Grades</th>
<th>Feedback Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DG CM IS</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</td>
</tr>
<tr>
<td>Middle aged male with diabetes</td>
<td>F P F</td>
<td>X</td>
</tr>
<tr>
<td>Young adult female with digestive problems</td>
<td>P P P</td>
<td>X X</td>
</tr>
<tr>
<td>Young adult female with a gynaecological problem</td>
<td>P CF F</td>
<td>X X</td>
</tr>
<tr>
<td>Middle aged male with a cardiovascular problem</td>
<td>P F F</td>
<td>X</td>
</tr>
<tr>
<td>Middle aged female with neurological problems</td>
<td>P P CP</td>
<td>X</td>
</tr>
<tr>
<td>Young adult male with a urinary problem</td>
<td>CP P CP</td>
<td>X</td>
</tr>
<tr>
<td>Mother requesting medication for her daughter</td>
<td>CP P P</td>
<td>X</td>
</tr>
<tr>
<td>Young adult female with upper limb problem</td>
<td>P P CP</td>
<td>X</td>
</tr>
<tr>
<td>Young adult male with an ENT problem</td>
<td>F CF F</td>
<td>X X X X X X</td>
</tr>
<tr>
<td>Elderly female attends about her medication</td>
<td>P F P</td>
<td>X</td>
</tr>
<tr>
<td>Adolescent male with a skin rash</td>
<td>P P P</td>
<td>X</td>
</tr>
<tr>
<td>Young adult female presents with a breast health concern</td>
<td>P F F</td>
<td>X X X X X X</td>
</tr>
<tr>
<td>Middle aged male with a lifestyle issue</td>
<td>P P F</td>
<td>X</td>
</tr>
</tbody>
</table>

- CSA results are represented as a table with a brief description of each case.
Rules & Regulations

Remember to:

- wear your coloured lanyard at all times
- stay in your room at all times until collected. Do not leave your circuit without the company of a member of staff

Important

- **Do NOT** remove any paperwork from your room or attempt to record information about the cases
- **Do NOT** discuss any of the cases or pass on cases to other people (this includes trainers and fellow trainees)

Failure to follow the above could result in disqualification from the exam
Questions?
Good luck!