

ST3...

What to expect, how to pass and
working towards the final goal

Dr Karla Grebe September 2009



Introduction

- Worried about assessments?
- Year about learning clinical and professional skills to become SAFE, PATIENT CENTRED, INDEPENDENT practitioner.



What to expect?

- Assessments and e-portfolio to be completed end May 2010
- Know what needs to be done and plan ahead
- Create your own time line
- Discuss with trainer and course organiser

What to expect: Passing nMRCGP

- nMRCGP 3 components:
 - Applied knowledge test (AKT)
 - Clinical skills assessment (CSA)
 - Workplace based assessment (WPBA)
 - Case-based discussion (CBD) – minimum 12
 - Consultation observation tool (COT) – minimum 12
 - Multi-source feedback (MSF) – 2
 - Patient satisfaction questionnaires (PSQ) – 1

- e-Portfolio – electronic log of progress throughout WPBA (also includes essential DOPS)
 - Weekly entries with evidence curriculum coverage and progress, PDP
 - Informal reviews with trainer and self-rating professional competencies
 - Mid-term review with external assessors
 - Final review with trainer (CSR)

- Other: OOH (12 sessions), Audit (1st and 2nd cycle), CPR

What to expect: General

- Consultation time?
 - Reducing during course of the year to 10min
- Duty doctor days
- Admin
- Practice meetings, audit, SEA, complaints etc.
- ?Develop special interest
- Certification!
 - CCT or Article 11
- Finding a job

WPBA

“...is not a terribly challenging hurdle from the point of view of degree of academic difficulty, it is more a question of motivation, diligence and application...”

Bob Mortimer

COT and CBD

- COT: Objective assessment of consulting skills using video of consultations
- CBD: Semi-structured interview based on cases
- Helpful resources to get idea of what it involves
 - The nMRCGP handbook Bob Mortimer
 - Cases and concepts for the new MRCGP P. Naidoo
 - DVD guides to COT and CBD
- Minimum amounts?
 - Unlikely to demonstrate competence in all areas by completing minimum of 12, generally recommended to do +/- 25% extra
- Can use more than one assessor and different methods
- Pick cases to cover different competencies

MSF and PSQ

- MSF – 2 sets required (5 clinicians, 5 non-clinicians)
 - Aim Dec/Jan and March/April
 - Information and ticket code on e-portfolio
 - Debriefing with trainer
- PSQ – 1 set
 - Liase with trainer and practice manager
 - Aim ?Feb onwards
 - Form and ticket code from e-portfolio
 - 40 questionnaires to be completed and entered on-line (practice manager)
 - Feedback interview with trainer

AKT

- Applied knowledge test
- Available Oct, Jan, April (info on RCGP website)
- Pearson Vue test centres nationwide
- Booking dates on RCGP site
- Computerised test
- 200 questions in 3 hours
- Latecomers not admitted
- ID check – 2 forms of identification

AKT

- Questions cover GP curriculum
- 80% Clinical medicine
- 10% Critical appraisal/evidence based practice
- 10% Health informatics and administrative issues
- One question per screen, answered by click
- Time to familiarise before starting test
- Can go back and check/change answers
- 2 main question types – SBA and EMQ
- Also algorithms, MBA, pictures, data interpretation
- Timing NB
- Answer all questions, no negative marking
- Do not spend too much time on one question

AKT - Preparation

- All questions GP related
- Balance reading with sample questions
- Identify weak areas and reinforce
- Identify high yield topics/key topics/hot topics (see also The nMRCGP Handbook by Bob Mortimer for more resources and websites)
- Read examiners feedback
- Review stats/EBM (textbook and handouts?)
- National guidelines eg NICE, BTS, SIGN, BHS etc. (see 'Guidelines' summaries)

AKT - Preparation

- Courses eg Swansea, E-medica, 'Hot topics'
- Administration – could be easy marks! Review group coverage as planned

CSA

- Up to date details and information on RCGP website ('GP training' and 'nMRCGP')
- Dates for 2009/10 and on-line booking via RCGP website
- Venue:
 - 1 Croydon (prev NLA Tower), opposite East Croydon train station
 - No Parking
 - ?Stay in hotel evening before exam
- Format:
 - Morning session 9:30 am, Afternoon session 12:45pm
 - Be punctual!
 - 30 min briefing
 - 12 cases assessed, 1 pilot case
 - Simulated surgery with actor and assessor
 - 10 min with 2 min between cases
 - 20 min break after 7 cases



CSA

- Security:
 - ID documents – valid passport or NHS photocard or driving licence (see RCGP website for up to date advice and information)
- Equipment:
 - ?In Clear plastic bag
 - Be familiar with kit
- Video surveillance:



CSA

- Marking:
 - Need to pass 8 out of 12 cases for overall pass
 - 4 Grades – Clear pass, marginal pass, marginal fail and clear fail
 - 3 Domains
 - Data-gathering, technical and assessment skills
 - Clinical management
 - Interpersonal skills
 - 16 Feedback statements

CSA

■ Preparation

- See patients!
- Videos, group work and day release days, joint surgeries
- Practice in small groups
- Use resources available
 - CSA Scenarios for the new MRCGP Thomas M. Das
 - Cases and concepts for the new MRCGP P.Naidoo
- ?Mock CSA
- Courses? Swansea, E-Medica, RCGP...
- Feedback on RCGP website

CSA

- Typical cases
 - Care of children/young people
 - Care of older adults
 - Men's health
 - Women's health
 - Cardiovascular problems
 - Healthy people
 - Respiratory problems
 - Drug and alcohol problems
 - Neurological
 - Musculo-skeletal problems/rheumatological
 - Skin problems
 - Digestive problems
 - Breaking bad news, angry patient, demanding pt.
- Unlikely to be very simple problems, ?hidden agendas, patient expectations etc important.
- Ask open questions initially, pick up on cues.

Conclusion

- Exams and assessments relevant
- Plan ahead
- Work-life balance
- You can do it!