

MRCGP [INTERNATIONAL] DUBAI

Consulting and Clinical Skills Assessment (CCSA)

CCSA module assesses consulting and clinical skills. Candidates have to consult with a number of standardized patients, which are portrayed by role players.

The Candidates are presented with standardized challenges, which they are expected to deal with using their consultation and clinical examination skills as appropriate to the problem presented and patient needs to demonstrate the learning gained during training years of independently consulting patients.

The aim of CCSA is to test a doctor's ability to:

1. Gather information
2. Apply understanding of disease processes and person-centered care appropriately
3. Make evidence-based decisions
4. Communicate effectively with patients & colleagues.

CCSA Format & Case content:

- **Examiners**
 - Examiners are trained to make judgements solely based on what they actually observe and hear during each consultation.
- **Role Players**
 - Medical non-medical professional, who are trained, rehearsed and standardize to be role players.
- **Scenarios/Case**
 - The scenarios are all from Family Medicine based competencies obtained through consulting the patients / clients in the clinics.
- **Time distribution**
 - There are 14 consecutive CCSA cases, divided into 2 sessions. Each case lasts 10 minutes with 2-minute in-between. There is a 10 minutes break after the first seven (7) cases, during which candidates remain in their consultation room. Talking to other candidates are prohibited during the breaks or throughout the examination
- **Examination Set-up**
 - On the desk of the consultation room, there is a file having 14 material for the candidates. (Refer to candidates briefing) arranged in order of the role players rotation.
 - Candidate Materials includes the following: (Read in the 2-minute gap!)
 - Information for candidates
 - Case notes for every patient.
 - For example:
 - Name, Age
 - PMH
 - Vital signs
 - Results, Letter from Specialist etc

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- **Marking:**

- A different examiners mark each case and based on the added overall marks from each case a total mark will be computed.
- Grades are converted into numerical scale to give an overall mark.
- There are 3 domains to be graded:
 - Data Gathering
 - Clinical Management
 - Interpersonal Skills
- Each domain will be graded by one of four Grade Descriptors **(Click the link)**
- The pass mark is decided by excel sheet by calculating the average of Borderline marks of Standard Settings.

- **Video Records:**

- The examination is recorded as part of training method and rapid evaluation of problem that might rise during the examination and quality assurance.

- **Candidate Briefing:**

- All candidates will be receiving the candidate briefing form upon registration and a brief instruction from the MRCGP coordinators. **(Click the link)**

- **Declaration Form:**

- Before the examinations, candidates instructed to sign the form and to declare all Mobile phones, tablets or any electronic devices to surrender at the registration area. **(Click the link)**

- **Equipment:**

- Candidates are asked to bring the examination tools for examining a patient that are usually present in each consultation room in a family clinic or a health center, includes (stethoscope, ophthalmoscope, otoscope, tuning forks, hammer, torch, etc).

- **Feedback of exam:**

- Upon analysis of the cases through many diets, the candidates' performances: The percentage of passing rates in 3 domains are higher than the fail rates regardless the competencies covered.
The higher pass percentages are in Data gathering domain
The higher fail percentages are in the clinical management domain, next is the interpersonal skills domain.
The rates noticed are not bound to certain clinical competency as observing the analysis through different exam diet.

The candidates need to be aware that being Family physician have to have updated clinical knowledge, skills obtained through their practice and the appropriate communication skills.