

Knows How, Shows How, Does

The impact of facilitated small group learning on GP trainees' consultation skills

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Background

There has been much debate over the difficulties trainees experience whilst sitting the Clinical Skills Assessment (CSA) examination. Anecdotal evidence suggests that trainees struggle with certain aspects of the consultation.^[1]

Our own observations suggest some trainees find developing their own effective small study groups difficult. Many of them are unsure how to be 'realistic' patients and how to give effective feedback to their peers. This may hinder their private study and hence exam performance.

Aims

- To improve trainees' consultation skills;
- To promote effective small group work, improve the quality of role-playing and trainees' peer-to-peer feedback; and
- To aid trainees' preparation for the CSA examination

What we did

We developed an education programme consisting of five 4 hour sessions facilitated by 3 'near-peers' for 24 self-selecting ST3 trainees. Following an introductory session, trainees were split into small groups (n.4) and undertook facilitated role-play using cases written to cover the breadth of the GP curriculum. Feedback was given using the ALOBA method^[2] for initial sessions and later using the RCGP CSA Marking domains.^[3]

The programme culminated in a 'Mock Assessment Day.' The 24 trainees undertook 4 simulated consultations under exam conditions. Professional actors were briefed to be patients and trained assessors marked the consultations using 'RCGP style' marking schedules. Trainees received a score out of 36 and written feedback for each case.

We evaluated the programme using a questionnaire assessing the trainees' perceived levels of competence at three time-points: pre, mid and post the education programme. This was done for 10 aspects of the consultation. Qualitative data was also collected from the trainees, facilitators and assessors after each session. We also compared the score given on the assessment day with their actual CSA score.

References

1. <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/~media/Files/GP-training-and-exams/General-comments-about-features-behaviours.ashx>
2. Silverman JD *et al* (1996) "The Calgary-Cambridge approach to communication skills teaching. Agenda-Led, Outcome-Based Analysis of the consultation." *Education for General Practice* 7: 288-99
3. <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-exam-overview/mrcgp-clinical-skills-assessment-csa.aspx#Resultsfeedback>
4. <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-examination-summary-reports-statistics/~media/Files/GP-training-and-exams/CSA%20Summary%20Reports/MRCGP%20CSA%20summary%20JanFebMarch%202013.ashx>

Results

21 of the trainees took the CSA approximately one month after the end of the education programme. The mean CSA score was 85/117 and 17 trainees (81%) passed the exam on their first attempt. This compares favorably to RCGP data showing a mean score of 82/117 and a 78.6% first time pass rate for that cohort.^[4] Statistical analysis of the mock score and actual CSA score showed a weak statistical correlation ($p=0.01$) between the two.

Self perceived competence ratings showed a general trend of increasing competence throughout the education programme (n. 11) (figure 1).

Qualitative feedback (n.22) from trainees was generally positive. The facilitated sessions helped trainees to re-focus learning needs, gain 'tools' to use in the consultation, and improve feedback skills. The 'Mock Assessment Day' helped trainees gain a feel for the exam and dispel nerves. Qualitative feedback taken 6 months after the programme demonstrated lasting positive impact on consultation skills.

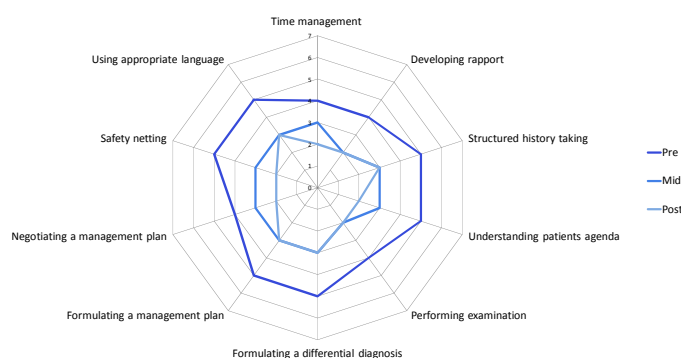


Figure 1: Spider plot demonstrating One trainee's self assessment of competency levels (0 = very competent, 7 = not very competent)

Conclusion

This was a well-received educational programme which helped trainees to improve their consultations, small group working and prepare for the CSA. Participants demonstrated these improvements through their performance in the CSA exam, and lasting impact on their consultations in practice was reported.

We plan to develop the programme further; first through the use of iPads to deliver role plays; and second to further develop the bank of cases and their corresponding marking schemes to reflect changes in the CSA exam.