Sample CSA Case
Preface

The aim of the GP Educator CSA Course is to make sure you pass the CSA Examination well.

Dr Kunal Chandarana, who is an Associate Trainer and has a Post Graduate Certificate in Health and Medical Education, passed the CSA with a high score of 105/117. While preparing for the examination he developed a way of approaching the CSA, which maximised the score he achieved in the three marked domains.

Dr Chandarana was a Course Director of another CSA Course between 2014-2017. This experience allowed Dr Chandarana to identify there was a need for a course that allowed candidates to develop before attending the course, during the course and after the course. Dr Chandarana spent the last two years developing the material for GP Educator and truly believes this is the complete learning package to maximise your chance of success in the MRCGP CSA Examination.

Prior to attending the course all attendees will have access to the GP Educator “How to pass the CSA Examination” Video. The Video Presentation will give you the fundamental knowledge you need to maximise the score you achieve in the three marked domains: data gathering, clinical management and interpersonal skills (including patient centred care and shared management). Having this information in advance of the Course will allow you to be able to focus on your areas of weakness and fine tune your consulting skills during the Course.

During the Course you will have Intensive CSA Coaching with personalised feedback to ensure you get all the attention you need to maximise your chance of success in the MRCGP CSA Examination. The cases covered on the Course are different to the Sample CSA Cases on the GP Educator website, and the GP Educator Course Handbook. The Course cases have been specifically designed to link the “How to pass the CSA Examination” Video Presentation and the GP Educator Course Handbook together to give you all the skills you need to maximise your chance of success in the CSA Examination.

After the Course you will be able to continue to improve your knowledge and fine tune your skills by going through the GP Educator Course Handbook, which provides over 350 pages worth of educational material, with over 70 Mock CSA Cases with detailed mark sheets. A complimentary copy will be given to all Course Attendees.

Book your place on the Course now at: www.gpeducator.co.uk
Doctor’s Instructions

Patient: Heather Crawford
Age: 65 years old

PMH
2012: Hypertension
2014: Diverticular Disease

Drug History
Allergies: Penicillin
Amlodipine 5mg OD
Actor’s Script *The most important things to remember have been underlined*
Background (this information is for you… please follow the script to determine when to disclose this information)
You are Heather Crawford a 65-year-old lady.

Opening Statement
“I have had this pain in my tummy since yesterday”.

Next Statement
If you are asked an open question next (e.g. ‘tell me more’ ‘how did it all start’) or any open question after this say:
“Well it started yesterday; it is a constant niggly ache”.

If the doctor asks any more open questions, ask them what they would like to know, and only give the information in the rest of this script if the doctor specifically enquires about it.

History of Presenting Complaint
- Site: Left lower part of the tummy
- Onset: Yesterday, gradual onset
- It feels like an constant ache
- It does not spread anywhere
- It is slightly worse when you walk
- You have not tried anything for it because it is not too bad
- Severity: 3/10
- You have no fever, no shivers
- No nausea, no vomiting
- No distension
- You are slightly constipated, you usually open your bowels every day, but over the last few days you have been opening them on alternate days – and it is slightly harder than it usually is
- No blood or mucus in your stools
- You are eating and drinking fine
- No other symptoms

Past Medical History
- You have high blood pressure
- You also have diverticular disease (you know this is a weakness in the wall of the bowel, it was picked up a few years ago when you had a camera test because you had some blood in your stool, they investigated you and said everything was ok, and that has since settled)

Drug / Medication History
- You are allergic to penicillin – you were told this by your mother, you do not know what happens if you have penicillin.
- You take one tablet a day for blood pressure – you are not sure what it is called
Occupational History
- You work as a volunteer in the charity shop at the hospital part time.
- You went to work yesterday and it was ok, because it is only a niggly pain

Social History
- You do not smoke cigarettes
- You do not drink alcohol
- You live with your husband, who is retired, he takes good care of you
- You have no stresses at home

Ideas
“I don’t know, I am not sure if it is related to constipation”

Concerns
“I’m not really worried about anything in particular”

Expectations
“I am not sure, I just wanted to see if there is anything we need to do”

Examination
The examiner will give the candidate a card with the examination findings

Management
- If the doctor states you need to go into hospital, ask them is there is any treatment you can have to avoid going into hospital… but then say “I will do whatever you think is best doctor”
- Agree with the doctor’s plan.
Examination Card

T 37.6
P 88, regular
BP 130/76

Abdomen: LIF tenderness (mild), no guarding, no rebound tenderness, no percussion tenderness. BS normal.

Rectal examination: Normal
**Mark Sheet**

### Diverticulitis

<table>
<thead>
<tr>
<th>Data Gathering and Clinical Practical Skills</th>
<th>Grade (CP, P, F, CF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pain: SOCRATES</td>
<td></td>
</tr>
<tr>
<td>• Fevers, shivers, nausea, vomiting, distension, appetite / weight, change in bowel habit, blood and mucus in stool. E&amp;D ok (keeping hydrated)</td>
<td></td>
</tr>
<tr>
<td>• PMH: Diverticular disease, any episodes of diverticulitis</td>
<td></td>
</tr>
<tr>
<td>• DH: Any OTC laxatives (check compliance with current medication if appropriate).</td>
<td></td>
</tr>
<tr>
<td>• Allergies: Allergies to Abx</td>
<td></td>
</tr>
<tr>
<td>• Occupational Hx: Impact on job</td>
<td></td>
</tr>
<tr>
<td>• SH: Impact at home, is she coping</td>
<td></td>
</tr>
<tr>
<td>• Lifestyle: Changes in diet</td>
<td></td>
</tr>
<tr>
<td>• ICE</td>
<td></td>
</tr>
<tr>
<td>• Examination: Temperature, Observations, Abdominal exam and PR examination (Offer Chaperone)</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Centred Management

<table>
<thead>
<tr>
<th>Patient Centred Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Non-judgemental - Work with the patient</td>
<td></td>
</tr>
<tr>
<td>• Investigations: Bloods (FBC, CRP, ESR)</td>
<td></td>
</tr>
<tr>
<td>• Lifestyle: Fluid diet only initially; as the symptoms improve over the next few days ask them to introduce a high fibre diet (CKS Guidelines). Ask them to continue the high fibre diet to lower the risk of future episodes.</td>
<td></td>
</tr>
<tr>
<td>• Medical: Bulk forming laxative (e.g. Fybogel T BD). Simple Analgesia (e.g. paracetamol, avoid nsais / opioid analgesia as they increase the risk of perforation). Antibiotics: 1st Line, Co-amoxiclav 625mg TDS for 7/7. As patient is penicillin allergic, Ciprofloxacin and Metronidazole (CKS Guidelines). If prescribing ciprofloxacin inform them of the risk of tendinitis / rupture as per the MHRA Update March 2019. If prescribing metronidazole inform them of the interaction with alcohol.</td>
<td></td>
</tr>
<tr>
<td>• Safety – consider managing at home / admitting.</td>
<td></td>
</tr>
<tr>
<td>• CKS Guidelines: Mild diverticulitis can be managed at home as above. However, moderate / severe cases should be admitted. Also admit the following patients: (i) the pain is not relieved by paracetamol, (ii) the patient is unable to keep themselves hydrated, (iii) significant rectal bleeding, (iv) unwell or signs of an acute abdomen or (v) symptoms have not improved in the following 48 hours.</td>
<td></td>
</tr>
<tr>
<td>• Social: Self Certificate for up to a week</td>
<td></td>
</tr>
<tr>
<td>• Appropriate Safety Netting / Leaflet / Follow Up (within 48 hours as per guidelines, red flag case well if managing at home)</td>
<td></td>
</tr>
</tbody>
</table>

### Interpersonal Skills

<table>
<thead>
<tr>
<th>Interpersonal Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilise the notes “I can see from the notes you have high blood pressure and diverticular disease and you take a tablet for your blood pressure called…, and you are allergic to penicillin, is that correct?…”</td>
<td></td>
</tr>
<tr>
<td>• Active listening – do not repeat questions</td>
<td></td>
</tr>
<tr>
<td>• Avoid medical jargon</td>
<td></td>
</tr>
<tr>
<td>• Empathy</td>
<td></td>
</tr>
<tr>
<td>• Appropriately ask about ICE and link to management: “From what we have discussed today and from my examination, I know you felt the constipation may be causing your symptoms, and although that may be contributing, your history and examination are consistent with a diagnosis of… What do you know about…”</td>
<td></td>
</tr>
<tr>
<td>• Clear explanation of risks, clear safety netting of the red flags</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score: 9/9**