

## The MRCPsych Clinical Assessment of Skills and Competencies (CASC)

In designing the new clinical examination it has been the College's intention to create an examination that is able to assess the clinical skills that candidates at a defined point of training should be competent at. The new CASC is based on a format that should be familiar to anyone who has ever been involved in OSCEs. Specifically this examination will comprise two circuits completed on the same day.

One circuit will consist of eight individual stations of seven minutes with a preceding one minute 'preparation' time. The other circuit will consist of four pairs of linked stations. Here the stations each last ten minutes with an additional two minutes of preparation time. As is the case in all similar examinations each station is marked independently and regarded as a 'stand-alone' station. This includes the linked stations, which means that good or poor performance in one of the linked pairs neither adds to nor detracts from the other station's mark. The CASC will therefore be marked over 16 individual stations.

The spread of subjects and skills assessed are described in the table contained in the appendix.

The linked stations will be designed in such a way that a candidate will complete a task in the first of the pair of stations and then proceed to the second where a related task may be completed. The candidates will find that unlike the previous Part 1 OSCE where they are required to interact with an examiner playing a medical role for the purpose of the scenario there will be two examiners in the station. One will concern him or herself solely with role playing while the other will be the marking examiner. The role-playing examiner will not contribute to the marking process.

Candidates who have previously sat the Part I OSCE will note that the eight individual stations are run in the same way as the old Part I OSCE but there will be no linking of stations. Candidates may feel that they recognise stations from this Part I examination. It is important that candidates realise that the stations in this new examination have completely rewritten constructs and are marked differently and to a higher standard than was the case in the OSCE.

Stations consist of several elements. There is a construct that is used by the examiner to assess candidates' performance against, instructions to candidates, instructions to the role player and marksheets.

### **The Construct**

The purpose of the construct is to define what the station is set out to assess in such a way that the examiner is clear as to what constitutes a competent performance. These have a standardised format with elements in common between stations of a similar type. For example a history taking station may include directions such as:

"The candidate can be expected to

- take a history

They should

- explore the duration and extent of the problem
- elicit features of presenting problem
- explore with the patient the effects of their problem
- obtain a comprehensive and relevant physical history
- explore how the patient's work, family life, marriage and social life have been affected"

There will be guidance about what particular areas of the history a competent candidate would cover followed by some general comments about interview/communication skills that differ little between stations e.g.:

"They should

- show an appropriate mix of open and closed questioning
- demonstrate advanced listening skills.
- elicit information in a structured, focused, fluent manner
- demonstrate empathy with the patient's experience
- avoid the use of jargon"

In some stations the focus of the task may centre around interview/communication skills.

## **The Instructions to Candidates**

Outside each booth the candidates will, in the 'preparation' time, be given access to a series of instructions that detail what is expected of them in the station. These will consist of some information required to set the scene followed by explicit instructions as to what they are expected to carry out. These specific instructions will be in bold and bullet point format to assist clarity. Sometimes negative instructions will be included e.g. "The candidate is not expected to obtain a risk history." This is to assist the candidate in establishing the focus of the station. An example of a linked pair of stations' instructions may therefore be (note that these do not correspond to any stations currently in the College's question bank):

### "Station A

You are about to see Sarah Green an eighteen year old student who has been brought to Accident and Emergency by her mother. It is suspected that she has ingested a recreational drug at a party just over 30 hours ago. Her mother describes her as being "paranoid".

- Examine the patient to establish what abnormal beliefs she holds
- Establish whether any other psychopathology is present
- You are not expected to take a drug and/or alcohol history

You may wish to take notes as at the next station you will be required to explain to her mother what you have established her daughter is experiencing.

### Station B

You have just interviewed Sarah Green. You are now about to meet her mother Amanda.

- Take a history to identify why Mrs Green believes this to be drug related
- Explain the findings of your mental state examination of her daughter
- Ensure that you address her ideas, concerns and expectations

You can assume that Sarah Green has given her consent for you to disclose this information to her mother."

## **The Instructions to Role Players**

The instructions for role players are designed to give them sufficient information to play the required role and also to deal with eventualities when candidates stray from the defined tasks. They are set up in such a way that the response to candidates will vary according to the degree of skill elicited by candidates. An example would be that a candidate who is rude or abrupt may be met by irritability and/or hostility just as would be the case in a real clinical setting.

## **The Marksheet**

On the basis of candidates' performance as defined by the Construct examiners decide on a global Pass or Fail mark. They are asked to further differentiate candidates performance as described in the Grade Descriptors below but it is only the Pass (including 'Clear Pass' and 'Pass') or Fail (including 'Fail', 'Clear Fail' and 'Unacceptable') decision that counts in deciding who passes and fails overall.

Additionally examiners will mark against a number of 'Areas of Concern' to enable useful feedback to be given to candidates. These are not part of a marking checklist and are to be used for feedback only.

## **Feedback**

Candidates who fail to pass the CASC will be sent feedback. This will list all the stations with a comment as to whether each one is passed or failed. Additionally there will be 'Areas of Concern' highlighted for each station. These allow examiners to identify areas where they felt a candidate's performance was concerning. These should not be viewed as a proxy checklist for marking and the number of areas highlighted will not necessarily correlate with the mark given. Indeed there may even be 'Areas of Concern' highlighted in stations that have been passed. This is all meant as formative feedback to assist in preparing for the candidate's next attempt.

## **MRCPsych CASC Pass Mark**

The passing standard in the MRCPsych CASC is set using a well established and defensible method of standard-setting, the Hofstee method. Each station on the CASC is internally criterion-pass/fail referenced and marked by an appropriately-trained observing examiner (as Unacceptable, Clear Fail, Fail, Pass, or Clear Pass). Following the examination, examiners are required to set acceptable limits on the pass rate and appropriate passing standards. The pass mark of 12 out of 16 stations was set by the Examinations Sub-Committee using this information which takes into account the difficulty of each station and the views of the examiners as a whole.

The Examinations sub-Committee may lower or raise the pass mark which must be ratified by the Education, Training & Standards Committee.

Candidates are reminded to also read the CASC Blueprint, Grade Descriptor and Areas of Concern documents available on the MRCPsych CASC pages of the exams website.

## **Classification of Diseases**

Candidates are reminded that they are expected to know the principles of classification, to have a working knowledge of both ICD-10 and DSM-IV.

## **Use of Alcohol Gel**

Health services, the public, patients and role players are increasingly aware of hygiene and infection control issues. Therefore, there should be an expectation that candidates will cleanse their hands properly using the alcohol gel provided **before and after** physical examination of the simulated patient. The gel will be placed in a prominent position within the station.

The candidate should take care not to splash the gel on role players' skin or examine sensitive areas, such as the eyes, before the gel has dried. Failure to use the gel will not in itself lead to the examiner failing a candidate but will result in the mark being one grade lower than performance of their physical examination would otherwise achieve.

**Candidates do not need to remove ties or role up sleeves.**

This Guide forms part of the Eligibility Criteria and Regulations for the MRCPsych Examinations.