



**RCPsych CASC**  
**Masterclass**  
Candidate instructions  
Day 1

# Introduction

- Masterclass is not the real CASC examination
- To help and support candidates in preparation for the CASC exams
- Scenarios are similar to CASC but are not used in the CASC examinations
- Individual feedback will be given to candidates by examiners
- Use feedback to support your exam preparations
- No scores or marks such as “Pass or Fail” will be awarded to candidates

# Basic tips

- Dress as you would do for day-to-day work
- Do not go beyond your task
- Cover major areas
- Study diagnostic criteria
- ‘Offering leaflets’ does not necessarily bring additional marks
- Leave at least 30 seconds to summarise (helps you to make sure you have covered all areas. Also your examiner is human. Remember they have heard the same spiel over and over again. You want to make sure that what you have said has registered.)
- Try and avoid cliché ‘empathic’ statements.

# Core Task

1. History taking
2. Examination/Assessment (mental state, risk, capacity, physical, etc)
3. Management (explain diagnosis, explain management, explore options)

**Communication is vital all through the process. It is embedded and assessed in each of the core tasks in the masterclass and CASC examination.**

- Read the scenario well - get the basics i.e. patient name, clinical details already given to you. Saves time otherwise spent on repetition. If it is given to you, do not 'clarify' or 'confirm' unless it is to give context to the task.

# History taking

- Touch upon points which will cover core diagnostic criteria.
- Do not forget the background beyond history of present illness - past history, family history, drug and alcohol history, etc as much as you can.
- Keep balance of picking cues and maintain a structure.
- Do not 'fish' for symptoms aimlessly - 'Tell me more', 'what else', 'do you have anything else to tell me?' You do not get marks for information which was simply volunteered without you being specific. If you are asking the simulated patient to elaborate, be clear about what exactly you are asking them to expand on.

# Examination/Assessment

- Do not spend time taking a history unless it is relevant (example: risk assessment for a patient with self-harm, you will ask for past history of self-harm, drug and alcohol history, social background.)
- Be clear about what you are examining. If you are asked to assess capacity, focus on that; if it is risk, that should be your core task; if it is mental state - cover the signs which form part of diagnostic criteria; if physical examination, do just that. (For example: to do MSE for depression you should cover low mood, anhedonia and low energy)
- Summarise your findings to the patient sensitively.

# Management

- Most management tasks will include holistic (biological, psychological and social) aspects.
- Do not spend time doing history taking or examination unless it is relevant.
- Involve the person you are talking to (patient, family, other professional). What are their views? What is their understanding? What do they want? What are their concerns?
- Think about tasks you do in day-to-day work in order to practise:
  - Metabolic monitoring/advising on weight gain with antipsychotics
  - Explaining exposure and response prevention
  - Exploring options when one treatment modality has not worked

# Communication

- It is used to perform the core task of history, examination or management. Use simple, easy to understand language.
- Endeavour to establish the person's current understanding.
- Do they have any burning questions?
- Start with open questions and mix with closed questions.
- Break questions into chunks and periodically ask about their understanding. Do they need any clarification?
- Avoid use of medical jargons. If used, give an explanation.
- Summarise at the end and ask them for final questions.

# The same clinical story can lend itself to different questions

- We have 4 clinical stories in 4 rooms today.
- You will rotate in groups of 6.
- There is one facilitator and one simulator per room.
- Though we have 4 simulator stories today in 4 rooms, there are 3 questions in each room.
- Each question will be tried out by 2 delegates for 5 minutes each with others observing.
- Hence everyone will get a chance to talk to the simulator for 5 minutes, followed by honest feedback from the facilitator who is an experienced CASC examiner. Please take your own notes.

# Conclusion

- Use this experience to your benefit
- Ask questions when you don't understand
- Try to relax and don't be overly anxious
- Enjoy the experience
- Give feedback to enable us to improve the course
- Wish you all the best of luck in your exams and future careers

**THANK YOU**