Guidance on Feedback

Performance overview

Your report will begin with a general summary of your exam performance. The first thing you will see, besides your candidate details, is a small table of basic descriptives:

Total score (%)	62.12	**Day's pass mark (%)**	63.95
Day's mean total score (%)	68.77	**Final result**	Fail

Figure 1: Initial performance descriptives.

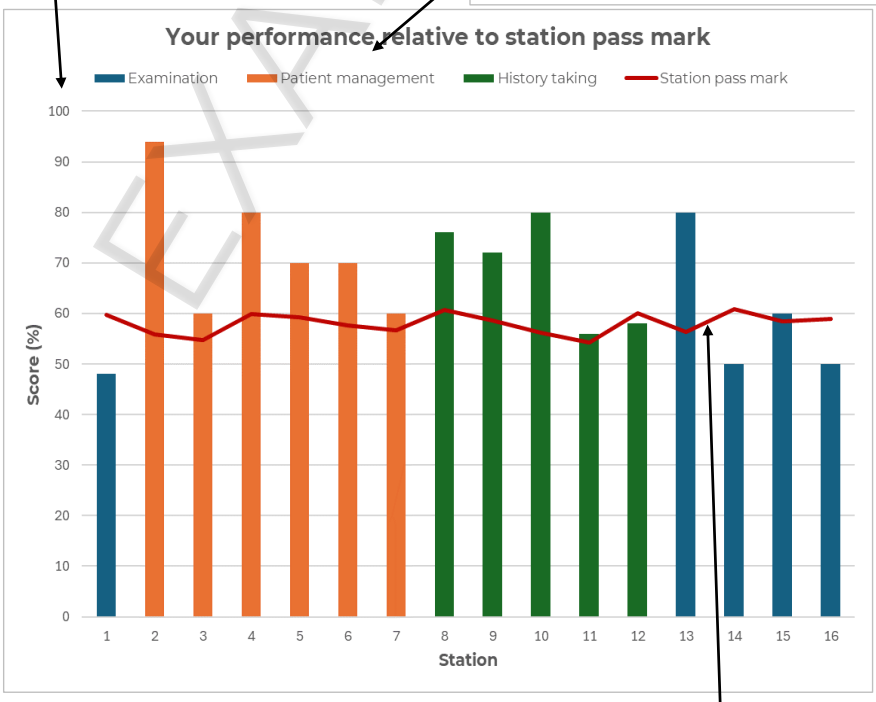
These indicate the following:

Total score	Your total score represented in percent.
Day's mean total score	The mean total score of all candidates sitting on your exam day.
Day's pass mark	The day's pass mark represented in percent.
Final result	Your final exam outcome.

Underneath these descriptives, there will be a table with each of your station outcomes, alongside a graph visualising your performance per station relative to each station pass mark.

All scores have been recorded in percent.

The bars have been grouped by colour into each clinical skill, which may help you visualise



Each bar represents a station you sat. Please note that these may not be in the order

The horizontal line indicates each station's pass mark as determined by examiner judgements.

Generic feedback statements

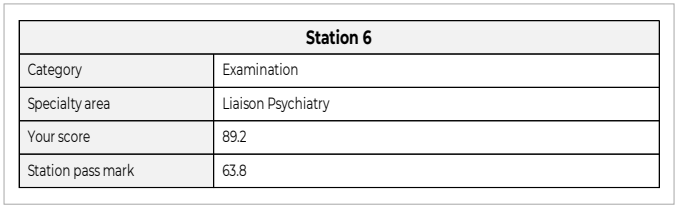
Candidates can receive up to 12 'generic' feedback statements. These relate to common areas for trainee development as identified by the MRCPsych CASC Panel.

Generic feedback statements are assigned to CASC candidates algorithmically. Each examiner can assign any number of generic feedback statements, but only once per candidate. If enough examiners identify the same area for improvement for the same candidate, the statement is released into their generic feedback report.

Therefore, while the feedback statements remain static, those which appear in your report reflect areas which have been consistently identified by your examiners for development.

Individual station feedback

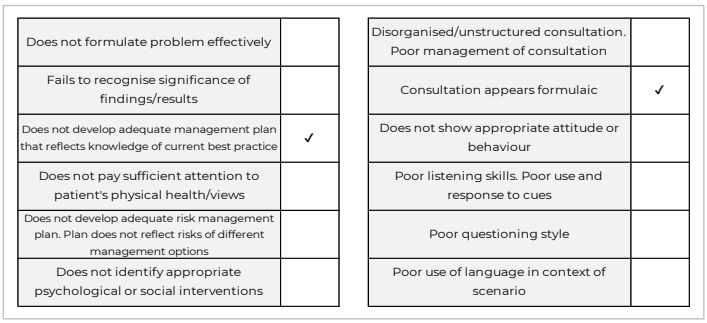
Each page of individual station feedback will begin with the station category, specialty area, your score, and the station pass mark (the minimum mark required to pass).



Station 6	
Category	Examination
Specialty area	Liaison Psychiatry
Your score	89.2
Station pass mark	63.8

Figure 2: Header section for each station feedback page.

This will be followed by the generic feedback statements as seen by your examiner. For each station, you will be able to see which feedback statements your examiner felt applied to your consultation:



Does not formulate problem effectively		Disorganised/unstructured consultation. Poor management of consultation	
Fails to recognise significance of findings/results		Consultation appears formulaic	✓
Does not develop adequate management plan that reflects knowledge of current best practice	✓	Does not show appropriate attitude or behaviour	
Does not pay sufficient attention to patient's physical health/views		Poor listening skills. Poor use and response to cues	
Does not develop adequate risk management plan. Plan does not reflect risks of different management options		Poor questioning style	
Does not identify appropriate psychological or social interventions		Poor use of language in context of scenario	

Figure 3: An example feedback statement grid with two statements selected.

You will also see any personalised feedback from your examiner, which has been provided as written. **Unfortunately, we cannot provide any further clarification, and no additional feedback is available.**

Please note that your examiners' comments may not be related to the generic feedback statements they have selected. This is not an error; generic feedback statements are a convenient way for examiners to quickly provide feedback, and they may opt to save their personalised comments for more specific areas for development. Thus, your feedback as a whole will reflect the examiner's view of your performance in their station.

Generic Feedback

Does not make correct diagnosis or formulate the problem effectively

Examiners found that you failed to make the appropriate diagnosis or formulate the problem.

- The candidates fail to recognise abnormal information either in the history, the examination, or data provided.
- Making a diagnosis means committing yourself based on the information you have available to you.
- Make sure that your knowledge-base is adequate and think carefully about all the information that is presented to you in the case. Then ensure that when you have made a diagnosis, you state this clearly and explain it to the interviewee using language that is understandable to them.
- If your summary is too vague, the examiner may not be sure that you have made a diagnosis at all. If you have a differential diagnosis list, explain this to the patient too.
- It is not always necessary to make a single diagnosis; you can still do well provided you explain what you are thinking and why.
- To say you are unsure is OK as long as you explain to the patient how you plan to reach a definite diagnosis.

Fails to recognise significance of findings/results.

- *Examiners found that you did not demonstrate an ability to identify or recognise significant findings from information provided.*
- *Sometimes findings have been identified but then not acted upon appropriately, so that examiners conclude the candidate did not recognise their significance, or the candidate did not have an appropriate*

- This is a clinical rather than interpersonal skill and requires you to make sure that you can correctly interpret the significance of test results or the findings of physical and mental state examinations.
- The abnormal findings will nearly always relate to common or important conditions, and you should bear in mind that common conditions are more likely than uncommon ones in real life, as well as in the CASC.
- This should be reflected in the differential diagnosis you make, and how you explain your differential diagnosis to patients and carers.

Does not develop adequate management plan that reflects knowledge of current best practice

- *Examiners found that your management plan for the case was inadequate.*
- *You may not have developed an obvious management plan at all, or it may not have been complete enough to satisfy the examiner that you were a safe practitioner.*

- Your management plan and follow up arrangements should reflect the natural history of the condition, and be appropriate to the level of risk.
- They should be coherent and feasible.
- You should be aware of up to date national guidelines such as those published by NICE (National Institute of Clinical Excellence) and SIGN (Scottish Intercollegiate Guidelines Network) and demonstrate you have an evidence-based approach.
- Possible risks and benefits of different approaches including prescribing and psychological approaches need to be clearly identified and discussed.

Does not pay sufficient attention to patient's physical health/views

Examiners found that you did not pay sufficient attention to the patient's physical health, for example in relation to the side effects of medication or in assessing the aetiology of their psychiatric condition.

- As doctors, psychiatrists are required to pay attention to the physical health of their patients as it relates to their psychiatric condition and the interventions they prescribe.
- Make sure your knowledge and skills in these areas are comprehensive and up to date.
- Discuss the physical aspects of your cases with your clinical supervisor and other senior doctors in your routine practice, and use Workplace Based Assessments to assess and develop your skills in this area.

Does not develop adequate risk management plan.
Plan does not reflect risks of different management options.

- *Examiners did not find that you managed risk appropriately.*
- *This could mean either that you failed to identify the potential risks or that having done so you did not*

- In order to manage risk appropriately, you should make the patient/carer/others aware of the relative risks of different approaches.
- Managing risk and living with uncertainty are key skills in psychiatric practice.
- Your knowledge base is important here, as is your ability to integrate that knowledge with the specific information you have gained about the patient/situation.
- Listening to how more experienced practitioners approach common risks might be helpful and then practising doing the same in your own words might help to develop this skill.
- You don't want to be doing this for the first time in the CASC – an unpractised candidate is very obvious to examiners. Role play with trainers and colleagues would give you a start.

Does not identify appropriate psychological or social information or interventions.

- *Examiners found that you did not obtain/use existing information about the patient's situation in such a way as to increase your understanding of how the problem might arise from or affect the patient's everyday life rather than just their biological functioning.*
- *The common elements of this information are the patient's psychological state and the influences of, and*

- Understanding and integrating the social and psychological aspects of a patient's problem together with biological aspects are key to practising psychiatry.
- Using a systematic approach and reviewing your consultations either alone or with your clinical supervisor, paying special attention to this aspect will help it to become second nature.
- Similarly, asking yourself a few questions after each consultation will soon enable you to identify whether this is something that you do routinely.
- Such questions might be: How is the problem affecting the patient? What changes have they had to make to their life because of this problem? Who else is affected by the problem? etc. Are there issues of diversity in the case?
- People differ in their life experiences, factors such as social class, ethnicity, age, gender and sexuality, and all may play an important part and understanding how that might relate to the patient.

Fails to recognise significance of aspects of history. Does not elicit the presence or explore in enough detail relevant symptoms/ details in the history

Examiners found that you did not demonstrate an ability to recognise significant findings or did not explore aspects of the history in sufficient detail.

- People don't always elaborate about what is worrying them, or may lack insight into the significance of certain symptoms.
- Sometimes the way they look, or what they say gives you clues that the issue is more than they initially imply.
- They may keen to change topic as a means of avoiding a difficult discussion or they may have their own agenda that makes it difficult for you to explore the problem in sufficient depth.
- It is important to explore symptoms in sufficient depth whilst keeping the patient engaged in the consultation.
- Being alert to verbal and non-verbal cues and analysing your consultations either on video or by your trainer observing you might help you with this. This can be part of Workplace Based Assessments.
- Look closely at your ability to encourage the person to share his/her thoughts and expectations.
- Ask an experienced colleague what they thought the issues and priorities in the consultation were and discuss how these compare with your opinion.
- Think about the implications of the presentations you see in your own practice, and how they might present in the CASC.

Does not demonstrate adequate skills in risk assessment

- *Examiners did not find that you assessed risk appropriately.*
- *This could mean either that you failed to identify the potential risks or that having done so you did not*

- Discuss this issue with an experienced practitioner, such as your clinical supervisor.
- Developing skills in risk assessment is often a matter of practice and it pays to spend time developing a systematic method that you can repeat over and over again.
- Before doing so, take advice and make sure that your technique is correct; otherwise you will simply be reinforcing bad habits.
- It will probably be useful to conduct focused risk assessments observed by your clinical supervisor or senior trainee and receive feedback on your technique.
- Once correct techniques are practised and become fluent, your approach will appear competent and confident to the examiner.

Does not identify abnormal findings/results. Fails to recognise significance or implications of findings

- *Examiners found that you did not demonstrate an ability to identify or recognise the implications of significant findings in the examination.*

- This is a clinical rather than interpersonal skill and requires you to make sure that you can correctly interpret the significance of test results or the findings of physical and mental state examinations.
- The abnormal findings will nearly always relate to common or important conditions, and you should bear in mind that common conditions are more likely than uncommon ones in real life, as well as in the CASC.
- This should be reflected in the differential diagnosis you make, and how you explain your differential diagnosis to patients and carers.

Does not explore symptoms and signs competently

- *Examiners found that you could improve your skills in history taking and examination.*
- *You should be able to demonstrate the appropriate and fluent use of appropriate questions, techniques,*

- Improving these skills is a matter of practice and it pays to spend time developing a systematic method that you can repeat over and over again.
- Before doing so, take advice and make sure that your technique is correct; otherwise you will simply be reinforcing bad habits.
- Once correct techniques are practised and become fluent, your approach will appear competent and confident to the examiner.

Disorganised / unstructured consultation

- Improving these skills is a matter of practice and it pays to spend time developing a systematic method that you can repeat over and over again.
- Before doing so, take advice and make sure that your technique is correct; otherwise you will simply be reinforcing bad habits.
- Once correct techniques are practised and become fluent, your approach will appear competent and

- Ask a senior colleague or your trainer to critique your consulting.
- When taking a history you should initially listen to the patient and ask open questions to explore the presenting features before focussing on the specific detail with closed questions if appropriate.
- It is sometimes helpful to signal to the patient that you are about to do this by saying something like “Would it be OK if I ask you some specific questions now?”
- Explain to the patient what you are doing and why. This is good for patient care and will also demonstrate to examiners that you have a clear and systematic approach.
- Summarising aspects of the information you have collected also demonstrates to examiners that you are collating and processing the information, and is useful in checking with the patient that you have understood him/ her.

Does not show appropriate attitude or behaviour

- *Examiners found that your interaction with the patient/carer caused, or was likely to cause, undue emotional or physical distress.*

- Watching yourself on video or asking your trainer to directly observe you is a useful way of seeing yourself as others might observe you.
- It is important to ask for critical but constructive feedback.
- It might also be helpful to gather information about what your patients feel about this aspect of your interaction with them before and after you have tried to improve in this area.

Consultation appears formulaic. Poor listening skills. Poor use and response to cues

- *Examiners observed verbal or non-verbal cues in the consultation that you did not use to increase your understanding of the person's situation.*
- *They may also have found your listening skills were poor, for example asking questions but not listening to or acting upon the answers.*

- Active listening includes asking questions at the appropriate time, in a logical sequence to the person's last contribution.
- It is demonstrated by good use of verbal and non-verbal cues (see below).
- Good active listening includes allowing the person to say what they want to tell you, and sometimes helping them by clarifying and summarising what they have already said (which shows you were listening and have understood them).
- Recognising cues, both verbal and non-verbal is a key component of patient-centred clinical method.
- Cues can include gestures, pauses in speech, facial expressions as well as clues in the patient's account that indicate he/she has additional issues to tell you.
- By 'formulaic' consulting, we mean that the doctor appears to be rigidly applying a set consulting 'model' to the consultation, that does not take into account the person's agenda or response.
- The doctor may repeat questions (see active listening above), ask questions at inappropriate times in the consultation and use pre-prepared phrases.
- Some of these phrases seem to come from CASC courses as suggestions for how to show empathy or to elicit and manage patients' concerns. For example, we often hear candidates ask the patient: "How does that make you feel?" To the examiner, especially if it is asked repeatedly during the consultation and then little or no notice is taken of the answer, it appears that the question is being asked as part of a 'formula' that candidates have learnt to pass the CASC.
- In order to get the right meaning across, you need to find your own way of asking about this, in your own words, and to make sure that you ask this at an appropriate time in the consultation and take due notice of the reply. This is an area that is sometimes difficult to develop without the help of more experienced doctors.
- Watching yourself on video or asking your trainer to directly observe you is a useful way of seeing yourself as others might observe you.
- It might also be helpful to gather information about what your patients feel about this aspect of your work before and after you have tried to improve these skills.

Poor questioning style

- *Examiners found that you did not demonstrate a funnelling approach to questions.*
- *You may have repeatedly asked closed questions. Alternatively you may have used multiple questions.*
- *Both styles impede responses from patients and will limit the depth of information acquired.*

- This is a basic communication skill and is likely to have an adverse effect on other aspects of consultations.
- This is an area that is very important to develop and you will need the help of more experienced doctors.
- Watching yourself on video or asking your trainer to directly observe you are useful ways of developing your style of questioning.
- It might also be helpful to gather information about what your patients feel about this aspect of your work before and after you have tried to improve these skills.

Poor use of language in context of scenario

Examiners found that your questions or explanations were not sufficiently relevant or understandable to the patient.

- In developing this skill, it is important to avoid the use of jargon, to establish the patient's level of understanding of medical and health matters and tailor your approach to these.
- Whether or not your explanation has been understood can be checked through non-verbal communication but also (and more explicitly) by asking the patient to summarise their understanding of your explanation.