

# Video Review Proforma

*A proforma designed to act as a screening tool to identify trainees with the potential for CSA difficulties.*

## **Where has this idea come from?**

Several discussions with Martin Sullivan have led to the idea of performing some form of assessment of GP Trainees in ST2 with a view to early identification of those trainees who are likely to encounter difficulty in reaching the standard required for CSA. This could then lead to targeted early intervention by Programme Directors and Trainers.

We're aware that trainers almost certainly develop an idea early on in the ST2 post about whether a trainee might struggle or not. This tool is intended to capture that judgement and give a bit of objective weighting to it to justify targeting effort and resources.

## **Why not use the COT?**

One of the reasons the CSA was developed as a replacement for the old video assessment was to try to avoid the formulaic consulting that evolved as trainees attempted to meet the multiple criteria. The check-list style marking led to check-list style consulting, its reductionist approach led to disjointed and unnatural consultations as trainees shoe-horned in the various skills to meet the criteria. We feel this technique might free the trainers from some of these constraints and empower them to encourage trainees to adopt a more natural application of consulting skills.

## **Why not use a form of mini-CSA?**

This might seem an ideal approach but is very resource intensive, requiring a role-player and an experienced assessor for each case seen by the trainees. It also means gathering this large group of people together in one place at the same time and would require the development of a case bank.

## **Is this targeting the non-UK graduates?**

Not specifically – although they are significantly over-represented in the group of trainees who fail CSA, particularly those with multiple failures, failing candidates seem to fail for similar reasons, whether they're UK or non-UK graduates.

## **What were the guiding principles in developing this proforma?**

1. To focus on the key CSA failure areas
2. To keep it as simple and user-friendly as possible
3. To keep the 'criteria' as general as possible (to avoid being reductionist)

## **Why not just use the CSA marking domains?**

Because this proforma is intended to assist in identifying potentially failing trainees so is designed around the attributes they're most likely to demonstrate. The CSA marking also uses just three domains and we wanted to target the analysis with a bit more detail to be able to identify the individual's learning needs as specifically as possible.

## **This is more work for the trainer!**

Yes it is but it's specifically designed to be as simple as possible. The idea is that this proforma is simple enough to use that it could be marked at the end of a consultation, it could be combined with marking a COT for the trainee's ePortfolio, but we'd really like to be encouraging trainers to make more use of video.

## How to use the proforma

The basic principle is that you watch a video recorded consultation then fill in the mark sheet. You are required to give 5 marks, one for each of the skill areas on a scale of 0 to 3.

In the box labelled '*Brief precis of consultation*' just put enough information for the trainee to be able to relate the form back to the consultation later, for example '*5 year old girl with earache*'.

Use the word pictures on the next page to help you understand what each of the areas is looking at and give an overall grade for the area. It's important that you grade holistically giving your overall impression for that area rather than using the word picture statements as a check-list, the statements are merely there as an aide mémoire to guide you.

Think about your impression of the effectiveness of the trainee's consulting rather than focusing on the words or phrases they use. Trust your experience as a trainer and mature consulter. For example use of the work '*options*' doesn't necessarily mean the patient has been involved in the decision-making!

Trainees will be inconsistent both within and across areas, a trainee may do well in some areas but badly in others. Where a trainee does part of an area well but still has some deficiencies within it you'll need to use your judgement to decide how to assimilate that behaviour into a grade. Don't worry about it too much, trust your '*gut feeling*' about the area overall.

Be prepared to use the range of grades available, this assessment is for the purpose of helping to identify the trainee's learning needs, it is thus purely formative and is in no way summative.

Feel free to write comments in the box at the bottom. These would probably be most helpful if they target the areas of poorer performance. Try to make them as educationally helpful as possible by making suggestions rather than just criticisms. If you need more space continue on the back of the sheet.

This proforma is currently being piloted. We don't know how many consultations will need to be assessed to form any sort of conclusion, nor do we know at what overall score the threshold will be for deciding a trainee needs additional support.

All constructive feedback is welcome, please let us know how easy (or difficult!) you find the form to use. Let us know if you think the word pictures could be improved.

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## The consulting skill areas and word pictures

### 1. Involving the patient in the consultation:

- encouraging the patient's contribution through appropriate use of open questions, body language, 'active listening' etc.
- lack of interruptions
- actively exploring the patient's thoughts about their problem and its management
- helping the patient take an active role in deciding the investigation/management plan

### 2. Correctly identifying the issues and priorities in the consultation:

- asking questions that logically follow on from the patient's responses
- appropriately focused clinical examination
- responding appropriately to any cues the patient might give
- knowing which leads **not** to follow up

### 3. Management plan reflecting current best practice

- appears to make a sensible (working) diagnosis
- investigations/referral appear justified
- sensible and realistic advice given
- appropriate prescribing

### 4. Good use of language:

- good understanding and use of English
- speed, tone and accent of speech easily understandable
- avoidance of medical jargon
- clear and understandable explanations

### 5. 'Style'

- 'Caritas' – rapport and empathy
- efficiency and use of time
- ability to maintain a structure to the consultation without being rigid
- avoiding formulaic consulting - use of stock phrases and scripts
- the '*would I come back to see this doctor again*' factor

Trainee:	Trainer:	Date:
<b>Brief précis of consultation:</b>		
<p style="text-align: center;"><b>Involving the patient</b></p> <ul style="list-style-type: none"> <li>• encouraging the patient's contribution through appropriate use of open questions, body language, 'active listening' etc.</li> <li>• lack of interruptions</li> <li>• actively exploring the patient's thoughts about their problem and its management</li> <li>• helping the patient take an active role in deciding the investigation/management plan</li> </ul>	The trainee has serious deficiencies in this area, the skills were either absent or performed so poorly as to be ineffective.	0
	Some of the elements required were absent or need more proficiency.	1
	The trainee performed around the level expected for this stage of training. The skills were largely present and just need refinement.	2
	The trainee performed very well in this area, above the level expected for this stage of training.	3
<p style="text-align: center;"><b>Identifying issues and priorities</b></p> <ul style="list-style-type: none"> <li>• asking questions that logically follow on from the patient's responses</li> <li>• appropriately focused clinical examination</li> <li>• responding appropriately to any cues the patient might give</li> <li>• knowing which leads <i>not</i> to follow up</li> </ul>	The trainee has serious deficiencies in this area, the skills were either absent or performed so poorly as to be ineffective.	0
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<p style="text-align: center;"><b>Management plan</b></p> <ul style="list-style-type: none"> <li>• appears to make a sensible (working) diagnosis</li> <li>• investigations/referral appear justified</li> <li>• sensible and realistic advice given</li> <li>• appropriate prescribing</li> </ul>	The trainee has serious deficiencies in this area, the skills were either absent or performed so poorly as to be ineffective.	0
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<p style="text-align: center;"><b>Language</b></p> <ul style="list-style-type: none"> <li>• good understanding and use of English</li> <li>• speed, tone and accent of speech easily understandable</li> <li>• avoidance of medical jargon</li> <li>• clear and understandable explanations</li> </ul>	The trainee has serious deficiencies in this area, the skills were either absent or performed so poorly as to be ineffective.	0
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<p style="text-align: center;"><b>Style</b></p> <ul style="list-style-type: none"> <li>• 'Caritas' – rapport and empathy</li> <li>• efficiency and use of time</li> <li>• ability to maintain a structure to the consultation without being rigid</li> <li>• avoiding formulaic consulting - use of stock phrases and scripts</li> <li>• the <i>'would I come back to see this doctor again'</i> factor</li> </ul>	The trainee has serious deficiencies in this area, the skills were either absent or performed so poorly as to be ineffective.	0
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<b>Total Score</b>		
<b>Comments</b>		