**CSA TOOL VERSION 16**

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| SKILL SET | GREEN RATINGData Gathering*Interpersonal Skills* | RED RATINGData Gathering*Interpersonal Skills* |
| Greeting | Greets the patient and introduces himself/herself.  *Uses open body language and shows warmth and interest.* | Offers no or cursory greeting and/or introduction.  *Shows little warmth and appears rigid or overly familiar.* |
| Encouragement | Encourages the patient and clarifies his/her presenting problem.  *Shows curiosity and a non-judgmental approach about the presenting problem using active listening and a real desire to understand the patient’s perspective.*  *Verbalises own thinking processes in order to encourage patient.* | Does not encourage the patient and does not discover why the patient has attended.  *Does not demonstrate curiosity about the presenting problem and shows little desire to understand the patient’s perspective.*  *Rarely verbalises thinking process and demonstrates a judgmental approach.* |
| Fluency | Shows fluency when interacting with the patient.  *Interacts with the patient and modifies tone and language (verbal and non-verbal) when the need arises.* | Shows hesitancy and a disorganised approach.  *Shows little interaction with the patient and follows a fixed or insensitive agenda*. |
| Psycho-social  context | Takes comprehensive history of patient’s psychological and social circumstances. Assesses any impact of the patient’s symptoms on psychosocial functioning.  *Introduces questions about psycho-social functioning fluently and appropriately, with clear explanation of the relevance of questioning. Effectively uses information gained later in the consultation.* | Makes a minimal or absent assessment of patient’s psycho-social circumstances and how psycho-social functioning may be affected.  *Introduces questions about psychosocial functioning in a clunky or insensitive manner with no rationale for the questions asked and no link to later parts of the consultation.* |
| ICE and cues | Makes an appropriate assessment of the patient’s ideas and/or concerns about his/her symptoms and his/her hopes for treatment. Identifies and explores cues in an accurate and perceptive manner.  *Fluently and sensitively explores ICE and cues at an appropriate time in the consultation. Uses this information to inform and involve the patient in the management plan.* | Makes little or no assessment of the patient’s ideas and/or concerns about his/her symptoms and his/her hopes for treatment. Fails to identify cues and/or fails to explore any cues identified.  *Elicits ICE and/or cues using jarring or formulaic phrases. Risks damaging rapport by ignoring patient’s beliefs and hopes. Shows little or inappropriate use of this information later in the consultation.* |
| History taking | Demonstrates comprehensive history of presenting complaint with focussed supplementary questions that are based on the probability of disease and are sufficient to support a diagnosis or diagnoses.  *Demonstrates fluent questioning with balance between open and closed questions.*  *Uses signposting, permission seeking and summary appropriately.* | Demonstrates incomplete history of presenting complaint with questions unrelated to the probability of disease and insufficient to support a diagnosis or diagnoses.  *Shows a clunky and disorganised approach with no logical progression. Uses open questions minimally and closed questions too early or in a non-systematic way.*  *Fails to use signposting, permission seeking or summarizing, or uses them over-zealously.* |
| Diagnostic sift | Demonstrates clear evidence of diagnostic hypothesis generation and testing.  *Asks questions that are linked coherently to possible diagnostic hypotheses and are based on patient’s response. Explains the rationale for particular lines of questioning.* | Shows little or no evidence of hypothesis generation.  *Asks questions which may appear random and repetitive and do not take account of patient’s response or possible diagnoses. Offers little or no explanation of reasons for questions.* |
| Ruling out disease | Demonstrates comprehensive assessment of red/yellow flag symptoms where appropriate and is able to reliably rule out and rule in serious illness.  *Introduces red flag questions into the consultation at appropriate points. Builds rapport by explaining rationale behind questioning.* | Demonstrates inaccurate or absent assessment of red and yellow flag symptoms and is unable to reliably rule out or rule in serious illness.  *Introduces red flag questions randomly and unexpectedly into the consultation, or fails to explain the rationale for particular questions.* |
| Examination | Demonstrates appropriate and proficient examination based on the likelihood of disease.  *Discusses choice of examination with patient and links to consent and need for chaperone. Performs fluent, slick examination with appropriate signposting and explanation.* | Performs either no examination at all, or indiscriminate examination which fails to test hypotheses. Performs an examination that is incompetent and/or incomplete. Fails to interpret examination findings correctly.  *Does not verbalise rationale for choice of examination, chaperone and consent. Performs hesitant, clunky disorganized examination without any signposting or explanation.* |
| Investigation planning | Offers measured and appropriate investigations that serve the diagnostic process.  *Explains rationale for particular investigation (or absence of investigation) chosen and links explanation to consent process.* | Does not offer investigations when investigations are needed, or offers inappropriate investigations that may alarm the patient.  *Does not explain the rationale for the particular investigation chosen and fails to incorporate the explanation into the consent process.* |

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| SKILL  SET | GREEN RATING  Clinical Management  ***Interpersonal Skills*** | RED RATING  Clinical Management  ***Interpersonal Skills*** |
| Sharing a working diagnosis | Makes an accurate reasonably deduced diagnosis (or diagnoses) that is (are) presented to the patient.  *Presents diagnosis in easily understandable language, with linkage to previously expressed patient ideas or concerns if appropriate. Checks that the diagnosis is meaningful to the patient* | Does not make a diagnosis, or makes a diagnosis which is either incorrect, or not presented or verbalised. Jumps to diagnostic conclusion with insufficient and/or ‘fabricated’ data  *Presents diagnosis using technical language that the patient cannot understand. Fails to check whether the patient has understood the diagnosis.* |
| Sharing the  management plan | Produces evidence-based or ‘reasonable’ (if no evidence exists) and up to date management plan, and presents plan to the patient. Produces plan that is realistic in the current NHS climate and reflects natural history of condition.  *Demonstrates support of patient through decision making, with clear explanation of likely impact on the patient’s welfare of the various options. Involves patient in management decision(s) by incorporating patients ideas & preferences.*  *Negotiates with patient towards safe outcome and those options that fit best with his/her life.* | Produces poorly-based, outdated, incorrect or dangerous management plan likely to be unrealistic or unachievable in the current NHS climate.  *Does not involve patient in management plan that may seem unrelated to patient preferences or concerns.*  *Does not support patient, who may be asked to choose from a menu of confusing or irrelevant options.*  *Avoids discussion or areas of potential conflict with patient and thereby fails to address potential risk or inappropriate management* |
| Follow up and safety netting | Shares a safe and SMART safety netting plan with the patient, together with timely follow up.  *Involves patient in follow up and safety netting plans, using information already volunteered by the patient.* | Does not produce any safety netting or follow up plan, or produces plans that are inappropriate.  *Does not involve patient in follow up or safety-netting plans that may be unrelated to patient preference and may cause anxiety or damage rapport.* |

Health Education Northwest Clinical Assessment Tool and RAG rating

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