

Thoughts for the New-CSA Exam

Before the Consultation:

Room - How will you ensure no interruptions?
Correct technology - speaker phone / headphones etc?
Are you set up for sending sick notes / prescriptions electronically?
Do you have easy access to resources - phone numbers etc that may be needed?
Do you know how to book an appointment / arrange video consultation / photo etc?

What are you wearing? Easier to sound professional if you look / feel professional. Probably best not to consult in PJs and slippers.
Are you fed and watered? Visited the bathroom?
Remove clutter - put that mobile phone away!
Might be helpful to have a pen / paper to hand?

Patient - Have you read the notes?
Do you know what the patient is calling about? Are you up-to-date with guidelines? - now is your chance to check! It is an open-book exam!

Initiating the Consultation:

Check the identity of the patient
Introduce yourself, and where you are calling from

Check that it is convenient for them to speak to you - where are they? who is with them?
If they are driving, can they pull over? If on a bus, can you ring later?

Can you hear them? If the reception is poor - can they move? is there another number to call on? Do they need to take the phone off speaker phone?

CONSENT:

To the call being recorded for training purposes should be obtained at the earliest possible opportunity, and reiterated at the end of the consultation.

Opening the Consultation:

Open questions.
Cue-led consulting skills.
Verbal active-listening skills to aid rapport building - BUT this has to be balanced against risk of interrupting patient, and losing their version of events.

(Be alert that if the patient gives a clear history of an emergency presentation, such as central crushing chest pain, the entire nature of the phone call will change, and the priority MUST then be to ensure immediate help is dispatched as quickly as possible!)

Information Gathering:

Combination of open / closed questions to ascertain details of complaint.

Signposting

Psychosocial perspective - can you use some of the information gleaned at the start of the consultation to explore this further?

Establish Ideas, Concerns and Expectations

Examination - what can you 'examine' on the phone?

Use landmarks to identify site of pain

Establish size by comparing to coins / teacup etc

Patient may be able to count out their pulse

Do you need them to send a photo / to do a video consultation?

TIME CHECK!!!! Should be about 6 mins in AT MOST Time for a quick summary?

Diagnosis:

What is going on? Explain what you are thinking to the patient. How does it relate to their Ideas and Concerns?

Shared Management Plan:

Share a management plan for the most likely condition.

It is OK for the management plan to include that the patient sends in a photo / urine sample etc, so long as you clearly explain what you are going to do if the condition you most suspect is confirmed.

Be very clear about what the patient needs to do / where they can collect the prescription from etc.

Consider the practicalities - is the patient shielding? can someone else collect the script?

Closure of the Consultation:

Very clear follow-up plan

Safety netting

Does the patient understand? This NEEDS to be explicitly explored.

Reiterate consent

Documentation:

Ensure consultation accurately documented, have you done everything you said you would? Sick note? Prescription? Referral? etc etc.