

Core skills for the CASC

James Woollard and Josie Jenkinson

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James Woollard , Josie Jenkinson
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Abbreviations

A&E	accident and emergency department
ADHD	attention-deficit hyperactivity disorder
AIMS	Abnormal and Involuntary Movements Scale
CASC	Clinical Assessment of Skills and Competencies
CAT	cognitive analytic therapy
CBT	cognitive-behavioural therapy
ECG	electrocardiogram
EPSE	extrapyramidal side-effects
GP	general practitioner
MMSE	Mini Mental State Examination
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NLP	neurolinguistic programming
OSCE	Objective Structured Clinical Examination

Preface

A shared view of our colleagues who have passed the Clinical Assessment of Skills and Competencies (CASC) exam – the final membership exam of the Royal College of Psychiatrists – is that our day-to-day clinical practice should have gone a long way in preparing us for it. We also felt that the preparation for the exam and the intense reflective learning we undertook as a part of that made us all better clinicians. The first and most important message of this book is that practice for the CASC should begin on day 1 of your training in psychiatry so that when you come to take the exam, although a significant hurdle, you are able to see it as an opportunity to display the subtle and refined skills you have developed over the years. In our experience, real life is far more challenging than the controlled environment of the CASC.

An ability to adapt the qualities of your voice, body language, questioning technique and structure under pressure is one of the keys to passing the CASC and will help you develop into an excellent clinician. We expect that you are already using this ability, perhaps unknowingly, as a part of your everyday communication. If you are not aware you are doing this, then recognition is the first step. Mastering this ability will take preparation, whether by reviewing videos of your performance or following verbal and written feedback after mock stations. Taking the approach of realistic, honest and open self-reflection with a preparedness to challenge yourself is an important part of your preparation. We hope that this book will act as a guide for this approach.

Introduction

Background

We are assuming that if you are reading this you are planning to sit the Clinical Assessment of Skills and Competencies (CASC) exam of the Royal College of Psychiatrists at some point in the future. It may be that you are currently in a training post either in or outside the UK, or working in a non-training post in psychiatry. Of course it may also be that you have interest in developing the skills required for the exam in those that you supervise or mentor.

As such, some of you may already know the details of the exam and perhaps have even sat it before. For those who are new to the exam, we will start by outlining the basics.

The CASC exam

The CASC exam has been the final membership examination of the Royal College of Psychiatrists since 2008. In its current form the exam involves two circuits of eight 'stations'. The examination is held over the course of 1 day, with a morning and afternoon session. The morning circuit involves four paired stations of 10 min each with 90 s of reading time before each station. The afternoon circuit involves eight stand-alone stations, again with 90 s of reading time before each station.

For paired stations, information gathered in the first station is used in the following one, for example taking a history from a patient in the first station and discussing the assessment with their relative in the second.

Currently, to be eligible to sit the exam you need to have passed all written papers set by the College and have 24 months of whole-time equivalent post-foundation or internship experience in psychiatry. Detailed and up-to-date eligibility criteria can be found on the examination pages of the College's website, www.rcpsych.ac.uk/traininpsychiatry/examinations.aspx

Structure of this book and how to use it

This book has three main sections. Part 1 describes core verbal and non-verbal communication skills, and outlines techniques for their development and practice. There are also techniques for managing time, taking control, as well as when and how to use a more structured approach. This section concludes with a chapter on the specific procedural skills that are tested in the exam, such as physical examination, cognitive assessment and interpretation of investigations.

Part 2 moves on to consider how best to prepare for the exam, both as an individual and in a group. It describes how to develop your knowledge base and organise your group practice, and gives specific advice for the actual day of the exam.

Part 3 is a collection of mock stations. These have been specifically developed to match the skills and techniques outlined in Part 1, and ideally should be used in conjunction with the relevant chapters. Throughout the text we will identify the mock stations relevant to the skills being discussed. Mock stations will also start with the key skills required as an aide-memoire. As such you could either work through this book in order, practising the stations as they arise, or you could read Parts 1 and 2 straight through and then practise the stations in any order, referring back to the relevant section to remind yourself of the details of each technique as necessary.

Person-centred approach

Although we recognise that there are different approaches to the practice of psychiatry across the world, this book has been written with the person-centred approach at its core. This is reflective of the current ideals of clinical care within the National Health Service (NHS).

Being person-centred means (The Health Foundation, 2014):

- affording people dignity, respect and compassion
- offering coordinated care, support or treatment
- offering personalised care, support or treatment
- being enabling – helping people to help themselves.

If this approach is new to you, then we would suggest you spend some time familiarising yourself with the four principles above. When practising the skills outlined in this book, consider how this approach could be reflected in the language and style of communication you develop.

Adaptation

In your early practice, focusing on each of the different chapters in turn will help you fully develop the skills within them. Do not punish yourself if you

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are trying to practise one skill and completely mess up another in a mock station or assessment. Over time you will become more competent in each skill and eventually that skill will partly pass into unconscious processing. In this way you will begin ‘automatically’ to build rapport and structure in all your contact with patients.

Depending on your ability already, and the intensity with which you are going to practise these techniques, you will need to spend a good 6 months in preparation before the exam. Over time the skills will become incorporated into your everyday work and by the time you get to the exam they will flow naturally.

We can only encourage you to be playful and not be afraid to appear foolish when practising these techniques. Through this openness of experience, you will quickly learn how to use these techniques for yourself, in your own natural style.

Although not essential, it is helpful to try to develop a ‘third umpire’ (to use a cricketing term) when practising for the CASC. The third umpire is that part of your conscious awareness that sits at the sidelines and monitors what is going on between you and the patient in real time. This umpire gives you the feedback you need to adapt your style or technique in the station. Being able to use this metacognitive umpire takes practice and should be initially developed in comfortable situations (such as conversations with friends) when it will not matter if you lose track of what is going on.

Many of the people we have met in preparing for the CASC appeared to be trying to learn a script for every possible station that may exist. For us this is akin to learning a script for every patient interaction that you may ever have. Not only is this obviously impossible but it also suggests a limited ability to deal with evolving human interactions. If you have been learning scripts in anticipation of a set outcome, then not only are you setting yourself a very difficult memory test of remembering all the stations, but you are also giving yourself false reassurance. As soon as a station deviates from the script you have learned, you will be left in a heightened state of anxiety, which will inevitably impair your performance. We cannot emphasise enough that learning scripts for each station is not the way to pass the exam.

If you have been preparing by trying to learn scripts for each station, then try asking yourself this question: what worry stops me from trusting my ability to work with whatever scenario I am faced with? Tackling the answer to this question may be difficult, but it is worth bearing in mind that we expect our patients to answer equally difficult questions of themselves every day.

Reference

The Health Foundation (2014) *Person-Centred Care Made Simple: What Everyone Should Know about Person-Centred Care*. The Health Foundation.