Hello,

Thank you for your application to the Mentor SCA Flagship course for the SCA assessment for the MRCGP.

Firstly – a big thank you for all you are doing under these very challenging and unprecedented times.

The aim of the course is to support you through this new assessment and ultimately to attain your CCT.

The course has been prepared to optimise exposure to high challenge remote SCA consultations by using targeted simulation mapping these to the SCA case blueprint and marking criteria, using my experience as a previous RCGP Course Organiser for both the MRCGP video assessments and the CSA and my current experience as an accredited HEE RCA | SCA Trainer.

We will use simulated role play with professional male/female actors and each of you will have the chance to consult under simulation to hone your consultation technique in order to attain the necessary marks.

There will be a maximum of 6 active delegates in total to allow for lots of 1-1 feedback with regards your recorded consultations and the necessary simulated practice.

Please familiarise yourself with the RCGP guidance around the SCA and my resources through the links below.

The best way to prepare for this part of the exam is through reflection of your own real life practice – your consultation skills encompassing data gathering, clinical management and interpersonal skills.

See you soon!

With Best Wishes

Dr Nigel Giam
Mentor MRCGP : Course Director
GP Training Programme Director - St Marys VTS

MBBS(Hons) MRCP MRCGP(Hons) DRCOG DCH DFSRH BSc PGCertMedEd

Mentor SCA Flagship | Masterclass Zoom Course
Zoom Link with password will be emailed to all delegates at least 72 hours in advance

8.55am	Zoom registration SCA – Competences and Pitfalls The SCA Blueprint | Marking Criteria – Top Tips What the Examiners are Looking For and How to Demonstrate It Mentor SCA Consultation Mantras Pilot Calibration and Marking of a SCA Consultation Group Discussion
10.00am	SCA Clinic 1 | Targeted Simulation Marking and Individual Feedback Targeted Simulation to focus on on areas of deficiency
12.30pm	Lunch Break
1.00pm	SCA Clinic 2 | Targeted Simulation Marking and Individual Feedback
3pm to 3.15pm	Break
3.15pm	SCA Clinic 3 | Targeted Simulation Marking and Individual Feedback Group feedback
5.45pm	Plenary / Q+A

T+Cs

1. Recording of my feedback and your individual role play is permiteed
2. No recording is allowed of other people's simulated consultations
3. Observers must keep their video | audio off during the course
4. Cancellation fee :
   up to 2 weeks – non refundable
   2 to 4 weeks – 50% refund less admin charge £30
   before 4 weeks – full refund less admin charge £30
   Admin cancellation fee of £30 applies in all cases
5. Transfers are not permissible once course is booked
6. Application/admin charge fee includes access to the remote Mentor SCA Consults for 30 days after the course
7. Ereceipt/ Certificate of attendance will be emailed within 24 houra after the course.

I do hope you will find the course useful, relevant and fun!

If you have any queries please feel free to contact me by email: mrcgpcourses@yahoo.com or phone 07967813837

Recommended Resources:

PLEASE REVIEW BEFORE ATTENDING THE COURSE:

Mentor SCA Podcasts on YouTube : click here

1. **RCGP | SCA : click here**
2. **MENTOR SCA Marksheet – see below**
3. **Mentor SCA : Consultation Model - see below**

Join the Facebook Support Group

Facebook Support Group : https://www.facebook.com/groups/mentormrcgpsupportgroup/
email : mrcgpcourses@yahoo.com / mobile 07967813837

Subscribe : Youtube @MentorMRCGP

MENTOR SCA – CONSULTATION MODEL
STORY – SYMPTOM – SYSTEM
CONVERSATION – CONSULTATION – CLINICAL SKILLS
ACKNOWLEDGE – EMPATHISE - ENERGISE

Strategy:
How to Pass The SCA – Top Tips
Blueprint Case selection
Patient less than 19 years old
Gender, reproductive and sexual health
LTC – including cancer, multi-morbidity, and disability
Older adults, including frailty and end of life
Mental health, including addiction, smoking, alcohol and substance misuse
Urgent and unscheduled care
Health disadvantage and vulnerabilities including mental capacity, safeguarding and communication difficulties
Ethnicity, culture, diversity, inclusivity
New presentation of undifferentiated disease
Prescribing
Investigation | Results
Professional Conversation | Professional Dilemma

1st Half of consultation
In the first 6-7 minutes:
Check patient ID / DOB
STORY : know your timelines | ensure you have used the 3 minutes beforehand to check key information from the patient notes
Patient's Golden Minute
- **Open question firstly – 'What can I do for you?' 'Tell me more?'**
- **Acknowledge the presenting complaint – show self awareness! Imagine you are talking to a friend or relative. Show sincerity and sensitivity.**
- **A E E : Acknowledge Empathise Energise**

Doctor's 2nd Golden Minute
- **Open up the patient's ICE**

Eliciting and Acknowledging health beliefs
- **Acknowledge and Follow up cues : verbal / non –verbal**
- **'I hear you / I see you'**
- **If ICE not volunteered, then be curious and enquire sensitively**

'Had you any idea /concerns yourself as to why this might have happened?'
'Had you any thoughts as to how you would like us to take things forward?'

- **Use and verbalize info from the patients notes to help place the complaint / symptom in context**
- **E.g. In a patient presenting with depression – have they been seen before with this / treatment to date, what has helped previously?**

SYMPTOM
- **Define the symptom e.g. with pain : SOCRATES**
- **Use Health agendas / ICE to focus e.g. patient concerned about a brain tumour – "I will ask some questions around the headache to make sure we are not missing anything"**

SYSTEM

- Red flags : Determine whether what is presenting is serious / not serious
- Signposting so questions are in context e.g. Back Pain "Back pain can sometimes affect the nerves which control bladder and bowel function. I am going to ask some questions around this"

Understand how a patient might be affected from a psychosocial perspective – impact on work / impact on home life – support available
Acknowledge this impact / Empathise / Energise

Lifestyle questions only if relevant and in context

Consider whether a patient needs to be examined face to face
Justify why an examination may be important

2ND Half of consultation

In the remaining 5-6 minutes:
Management of the patient narrative as well as the diagnosis

- Readdress health beliefs / ICE and reassure when appropriate
- Share thought processes from history taking, examination
- Propose most likely differential diagnosis
- Work on the probability of what is likely to be happening or what might need to be excluded
- Consider and commit to risk management – serious or not serious
  E.g. does this require risk escalation or can this be contained
- Consider how the problem might develop
- Ensure management is justified and reactive not averse to level of risk
- Management must be reactive to the patient's agenda
- INFORMED DECISION MAKING - NOT JUST THE PICKING OF OPTIONS!
- Verbalise and work through DILEMMAS – find the compromise
- Health promotion when appropriate
- Address concerns sensitively and sensibly
- Reassure as necessary
- Follow up and safety net appropriate to clinical management

Throughout:

Patient Centred
Not patient driven or doctor led
Self Awareness – Sensitivity – Support – Simplicity
Positive Energy : Your Actions will have Reactions

Patient Centred

TALK WITH NOT AT!
ACKNOWLEDGEMENT OF THE PATIENT PERSPECTIVE
SHARING OF INFORMATION/ TRANSPARENCY
BENEFICENCE V.S. NON – MALEFICENCE
WORKING TOWARDS BEST INTERESTS OF THE PATIENT
HOLISTIC APPROACH
DEFINE PROFESSIONAL BOUNDARIES AND SHARE DILEMMAS
NEGOTIATION – LEARNING HOW TO SAY NO! BE NICE/FIRM/FAIR

MENTOR SCA MANTRA

POINT A : CUES -PING-PONG – NEVER PARK A CUE!

STORY

SYMPTOM

2nd Golden Minute
- **Open up 'ICE' In context**
- **Use info from patient notes in context**

SYSTEM : FOCUS – RED FLAGS / SIGNPOSTING

ACKNOWLEDE THE PATIENT'S PERSPECTIVE / THEIR NARRATIVE / THE PSYCHOSOCIAL IMPACT

: MIRROR – SAY WHAT YOU SEE AND MEAN WHAT YOU SAY

DON'T PUSH 'ICE' – REMEMBER THE 'I & C come before the E'

Use health beliefs / agendas to refocus your history and don't look for hidden agendas

Stay close to the theme / priority / narrative of the case – don't oversummarise

Is an examination necessary? – remember the SCA does not assess this

7 mins

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5 mins

1. READDRESS THE PATIENT'S AGENDA

2. SHARE YOUR THOUGHT PROCESSES AND EXPLAIN YOUR FINDINGS

3. COMMIT TO RISK – UNDERTAKE THIS SENSITIVELY – CONSIDER SERIOUS OR NOT SERIOUS

SWIM SENSITIVELY TOWARDS THE WORKING DIAGNOSIS

ACTIONS WILL HAVE REACTIONS

COUNTER NERVOUS ANXIETY WITH EMPATHY AND ENERGY

CLINICAL MANAGEMENT HAS TO BE REACTIVE TO LEVEL OF CLINCAL SEVERITY

REACTIVE MANAGEMENT NOT DEFENSIVE / MANAGEMENT CENTRED ON THE PATIENT AS OPPOSED TO THE DIAGNOSIS / VERBALISE AND WORK THROUGH DILEMMAS

THINK ABOUT YOUR TONE / TIMING / PACING – TALKING WITH NOT AT THE PATIENT

SELF AWARENESS – SINCERITY – SUPPORT – SAFETY – SMILE!

POINT B

MENTOR SCA MANTRA : FOLLOW UP| GOING THROUGH RESULTS

KNOW YOUR TIMELINES AND YOUR PLACE IN THE PATIENT'S NARRATIVE

1. WHAT LED TO THE TEST?

2. WHAT WAS DISCUSSED WITH THE LAST GP?

3. DOES THE PATIENT HAVE ANY PARTICULAR THOUGHTS/CONCERNS AS TO WHAT MIGHT BE HAPPENING?

THEN DELIVER THE RESULT

GO BACK INTO THE STORY AS NECESSARY TO PUT THE RESULTS INTO CONTEXT AND TO MOVE FORWARD IN THE JOURNEY

MENTOR SCA MANTRA : NEGOTIATION

1. ACKNOWLEDGE THE PATIENT'S AGENDA

"I hear you. I see you."

2. STAY CLOSE TO THE AGENDA AND ENSURE YOU READDRESS IT

3. VERBALISE AND SHARE DILEMMAS –DEPERSONLISE WHENEVER POSSIBLE

Risk v.s. Benefit

Budgetary Governance

GMC / DVLA

4. If you say 'No' – remain NICE/FIRM/FAIR

Consider what else can be offered?

MENTOR SCA MARKSHEET: CP = Clear Pass P= Pass F=Marginal Fail CF=Clear Fail

DG: | 3 **CM**: | 3 **IP**: | 3 **Total**: | 9

	CP	P	F	CF
DATA GATHERING | Reasons for failing:				
1. DG was insufficient to enable safe assessment of the condition | situation				
2. Existing information about the case was insufficiently utilised				
3. Relevant psychological or social information insufficiently recognised or responded to				
4. DG was unsystematic and/or disorganised				
5. Ineffective approach or prioritisation in data gathering, when presented with multiple or complex problems				
6. The implications of abnormal findings identified during the data gathering were insufficiently recognised or understood				
7. Differential diagnoses or hypotheses were inadequately generated or tested				
8. Decision making or diagnosis was illogical, incorrect or incomplete				
CLINICAL MANAGEMENT SKILLS | Reasons for failing:				
1. The management plan relating to referral was inappropriate or not reflective of current practice				
2. The management plan relating to investigations was inappropriate or not reflective of current practice				
3. The management plan relating to prevention, health promotion or rehabilitation was inadequate or inappropriate				
4. The plan relating to the medical management of risk was inadequate or inappropriate				
5. The implications of co-morbidity were insufficiently considered				
6. Uncertainty, including that experienced by the patient, was managed ineffectively				
7. Inadequate arrangements for follow-up, continuity and /or safety netting				
8. Time management in the consultation was ineffective				
RELATING TO OTHERS | Reasons for failing:				
1. Communication skills, including the non-verbal, responding to cues and /or active listening were insufficiently demonstrated				
2. The person's agenda, health beliefs and/or preferences were insufficiently explored				
3. The circumstances, relevant cultural differences and/or preferences of those involved were insufficiently responded to				
4. Explanations were inadequately shared or adapted for the person's needs				
5. A judgemental approach was shown to the person				
6. Respect and/or sensitivity shown to the person was inadequate or inappropriate				
7. Ownership or responsibility for decision-making was inadequate or inappropriate				
8. Teamwork and/or understanding of others' roles was insufficiently recognised or responded to				
9. Safeguarding concerns were inadequately recognised or responded to				

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