

Simulated Surgery: Candidate Notes

Due to the current COVID-19 pandemic no face to face Simulated Surgery assessments are being undertaken. The Simulated Surgery is an essential part of the candidates Learning Needs Assessment and very importantly provides feedback on communication and consultation skills. It helps to inform each candidate's learning plan and educational needs during their clinical placement.

HEE now delivers a virtual Simulated Surgery on-line that the candidate can undertake from a safe location either at home (including overseas) or in another secure location such as their surgery base.

Venue

The virtual Simulated Surgery is undertaken on-line from a safe location either at home (including overseas) or in another secure location such as their surgery base that has a good and secure internet connection.

The candidate will log into a virtual consulting room and will be supported throughout by a dedicated administrator and an Assessment Marshal (who will be monitoring more than one candidate).

Information Technology and Access

It is the responsibility of the candidate to ensure that they have an appropriate platform to undertake the assessment, i.e. a PC or Laptop, unfortunately mobile phones are not suitable.

It is important that all candidates undertake a live IT check prior to the assessment with the central administrative team beforehand to allow checks to be made on the capability and quality of the on-line session. In some cases, the best solution is to take the assessment from your placement GP practice premises

If the quality or capability of your IT or internet is not of adequate standard on the day of the assessment you may not be permitted to sit the assessment.

Punctuality

Candidates are requested to arrive 15 minutes prior to their allocated start time to ensure smooth running of the assessment. Candidates who are late may not be permitted to sit their assessment.

Candidate Identification

All candidates must provide photo identification in order to proceed to the simulated surgery. Candidates will be turned away if they do not have photographic proof of identity.

Expectations of Candidates

Candidates will have an on-line briefing about one week before the assessments and should follow all instructions and advice given. The briefing will be recorded and remain on-line for later access prior to the assessments.

Only the equipment specified during this briefing may be used during the assessment. Mobile phones and other electronic devices must always be switched off unless agreed beforehand and permitted for specific purposes.

Equipment

There is no need to have any examination equipment for the Virtual Simulated Surgery assessment, but if the case history indicates that an examination would be appropriate, the candidate should then state what examination they require. This should describe a specific appropriate targeted examination, the results of which will be released on-line in the MS Teams meeting chat facility.

We recommend candidates do bring a paper BNF to help in their prescribing decisions if possible.

All BNFs must be free of hand-written notes. They may be checked before the start of the assessment and removed if they contain notes.

Electronic copies on tablets or mobile devices will be permitted if agreed beforehand.

The Assessment

This simulated surgery is not primarily a test of knowledge but that of consulting and communication skills. It is intended to be just like an everyday surgery in any general practice.

You will be in a virtual consulting room and will remain there throughout the session. Patients will enter for 10 min appointment slots where you will demonstrate your communication and consulting skills to an assessor.

The 12 consultations will be split over two separate sessions either on the same day or over two separate days.

The assessment will be recorded for quality review but will be deleted after the assessment diet is completed

Paperwork

- In your final email there will be a timetable showing the patients you will see during the course of your surgery.
- You will be given access to relevant clinical information usually for five minutes prior to each case by your room administrator with the meeting chat facility, which will provide some background information. We advise you to read these notes.
- You can make your own notes on your own paper during or after the consultation for yourself. These notes will not be marked.
- Do **NOT** copy any material whatsoever by any means from the assessment. This includes paperwork or personal notes made on any material during the assessment. Removal of any information will result in immediate disqualification.

- You will have 12 patients, each of whom is a role-player trained to present in a standard way, along with an assessor who will accompany the patient into the virtual consultation.
- The cases are typical problems found in general practice.
- The role player will respond to your questions. They will tell you their story if you encourage them, not deliberately hiding any information.

Physical examination

• If you decide that a physical examination should form a part of your assessment of the case, you should state you wish to examine the patient and tell the patient exactly what examination you wish to undertake. This should be an appropriate and targeted examination related to the condition the patient has. If appropriate you will be shown the results of your described examination in the meeting chat function. These will be deleted at the end of the timed consultation.

• If a proposed examination is unnecessary, the role player will refuse the examination.

Timing

• Consultations are limited to ten minutes; the start and end of the consultation will be signalled by your administrator.

• If you have not completed the consultation after ten minutes are up, the patient and assessor will exit the virtual consulting room.

• There will be a few minutes alone to look at the next patient's notes before the next consultation starts.

Quality Assurance

• In order to ensure fairness of this assessment there are quality control measures in place

• There will be an additional assessor reviewing some of your consultations who would be evaluating the performance of the assessor, or the role player.

Marking

The assessor will be marking on five areas of consulting skills that are outlined below.

Candidates are to ignore the on-line assessor and the assessor will not communicate or provide any further direction or information.

Candidates for whom English is not their first language may have an additional communications and language report, this does not form part of the marking assessment.

Assessors will observe your consultation skills and make comments on a standardised schedule.

The quantitative scores and qualitative personal feedback based on the consulting skills areas will be sent to candidates' relevant HEE local Educational Lead within 10 working days.

Feedback will also be available from the HEE Lead. Candidates for whom English is not their first language will receive an additional contextualised language report.

Areas of consulting skills

1. Gathering medical information:

- Making use of information from the records provided
- Taking a history that elicits relevant information and excludes any potentially serious conditions
- Appropriate physical examination

2. Eliciting the patient's concerns:

- Welcome and courtesy
- Helping the patient to tell their story by using listening skills and non-verbal cues
- Sensitivity to the patient's feelings
- Discovering the patient's concerns and expectations
- Respect for the patient's wishes and confidentiality

3. Explaining the diagnosis:

- Explaining your assessment of the problem
- Explaining the choices for treatment
- Involving the patient in the management plan
- Checking the patient's understanding

4. Managing the problem:

- Having a safe and effective management plan
- Acceptable prescribing, investigation and referral
- Appropriate use of resources
- Making appropriate follow up arrangements

5. Effective consulting

- Establish rapport and demonstrate empathy?
- Listen actively?
- Have a holistic approach?
- Provide patient-focused care
- Demonstrate a structured consultation?