

How to use the Generic Consultation Skills toolkit

Generic Consultation Skills (GeCoS) assessment tool(1,2) has the advantages of being:

- Validated by a panel of undergraduate clinical tutors from primary and secondary care
- A good framework for the student consultation skills curriculum
- Generic for any consultation in any setting in primary or secondary care
- The same domains are used in OSCEs as in workplace assessments

In **classroom learning** the domains can be introduced as a framework with a focus on two or three domains in any one practice session. Competencies are best introduced as a 'toolkit' from which the best tools for the consultation in hand can be selected. Each domain is like one tray of tools in the toolkit. The 'strategies for improvement' document contains student-validated advice for how to use the tools (2). They are generic tools but they can be used in all sorts of different consultations such as discussing worrying new symptoms to make a diagnosis, clerking in a new admission for routine surgery, explaining the bad news of a life-changing diagnosis, sharing decision-making, or talking with relatives, and part of the learning activities is practising which tools to use for consulting with the patient and/or carers you are with.

In **workplace assessments** there may be a focus on domains which are the intended learning outcomes for that placement or identified by the learner's needs assessment.

Informal: Tutors should give the student feedback either immediately after the consultation or after the session. This is often best given as micro teaching concentrating on an aspect of the consultation where learning needs have been identified or something went well. This helps keep the feedback focused, effective and time efficient – effective feedback can be given in a few minutes.

Formal: During formal assessments the tutor and student will reinforce good practice and identify learning needs for the coming weeks. The **Keele mini-CEX** in the e-portfolio contains the GeCoS domains and can be used to summarise this discussion. We advise that between one and three important strengths and one to three key areas for improvement should be identified per assessment. (More than three of either might be overkill). The feedback can thus be focussed and specific (3,4).

The Keele Peer mini-CEX form can also be used if learners are paired. They can use it to summarise feedback discussions between themselves and with their clinical supervisors. Grading may or not be helpful in formative workplace assessment (5) so we recommend giving the learner the choice of whether to be graded.

In **OSCEs** we recommend that a total of five domains are selected. Some domains can be subdivided if they deserve greater weighting. Each domain contains the generic competencies which may or may not all be applicable in the instance, so they are not to be used as tick-boxes but as guides to making a global judgement on that domain grade. It is possible to include only the relevant competencies in each selected domain in the examiner pack, and station-specific information may be included to assist examiners to make judgements. Brief formative feedback can be given in the same way as in workplace assessments (6)

References

1. Lefroy J, Gay SP, Gibson S, Williams S, McKinley RK. Development and face validation of an instrument to assess and improve clinical consultation skills. *International Journal of Clinical Skills*. 2011;5(2):77–87.

2. Lefroy J, Thomas A, Harrison C, Williams S, O'Mahony F, Gay SP, et al. Development and face validation of strategies for improving consultation skills. *Advances in Health Sciences Education*. 2014;19(5):661–85.
3. Lefroy J, Hawarden A, Gay SP, McKinley R. Positive impacts of written feedback: Does formal workplace based assessment add value to informal feedback? *MedEdPublish*. 2017;6(1):paper no.27.
4. Lefroy J, Roberts N, Molyneux A, Bartlett M, Gay SP, McKinley R. Utility of an app-based system to improve feedback following workplace-based assessment. *Int J Med Educ*. 2017;8:207–16.
5. Lefroy J, Hawarden A, Gay SP, McKinley RK, Cleland J. Grades in formative workplace-based assessment: a study of what works for whom and why. *Med Educ [Internet]*. 2015;49:307–20. Available from: <http://doi.wiley.com/10.1111/medu.12659>
6. Harrison CJ, Könings KD, Molyneux A, Schuwirth LWT, Wass V, van der Vleuten CPM. Web-based feedback after summative assessment: how do students engage? *Med Educ [Internet]*. 2013 Jul [cited 2014 Jan 26];47(7):734–44. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23746163>

Domain grading used in Keele University Undergraduate Medical OSCEs:

The total station score comprises five domain grades plus a global rating of 1-7 = 27 max

DESCRIPTOR	GRADE	SCORE
Capable in all competencies in this domain to a high standard	Very good	4
On balance, capable in all competencies in this domain to a satisfactory standard. Any deficiencies are minor	Proficient	3
Demonstrates inadequacies in several competencies in this domain. No serious defects.	Borderline	2
Demonstrates inadequacies in many competencies in this domain. One or more serious defects.	Must improve	1

Global score

1. Incompetent
2. Clearly not competent
3. Not quite competent
4. Just competent
5. Clearly competent
6. Very Good
7. Excellent