

RCA MARKING SHEET

What score from 0 to 3 would you give for each domain area?

Don't spend too long analysing. You should be able to self-mark each case within 9 minutes (3 mins per domain).

DATA GATHERING

P	😊 PASS ITEMS	F	😞 FAIL ITEMS
<input type="checkbox"/>	1. Focused history	<input type="checkbox"/>	Inadequate history for safe assessment of disease/severity
<input type="checkbox"/>	2. Relevant new info elicited	<input type="checkbox"/>	Does not elicit new info.
<input type="checkbox"/>	3. Rules in/out significant disease (red flags)	<input type="checkbox"/>	Adequate range of differentials not considered
<input type="checkbox"/>	4. Generates diagnostic hypotheses	<input type="checkbox"/>	
<input type="checkbox"/>	5. PSO impact (Psycho-social-occupational)	<input type="checkbox"/>	PSO info not used to put problem in context
<input type="checkbox"/>	6. Plans/Explains/Performs Ex and tests (incl. MSE)	<input type="checkbox"/>	Missed doing appropriate Ex (incl. MSE)
<input type="checkbox"/>	7. Recognises issues/ priorities in consultation	<input type="checkbox"/>	Fails to recognise main issues or priorities in the consultation including implication of abnormal findings/results

Grading = CP 3 marks Pass = 2 marks F = 1 mark or CF = 0 marks

CLINICAL MANAGEMENT

P	😊 PASS ITEMS	F	😞 FAIL ITEMS
<input type="checkbox"/>	1. Safe/Appropriate working diagnosis/es	<input type="checkbox"/>	Poor working diagnosis/range of differentials
<input type="checkbox"/>	2. Appropriate/Safe Mx options	<input type="checkbox"/>	Mx unclear due to missing info <input type="checkbox"/> No Mx of risk/making patient aware of risks
<input type="checkbox"/>	3. EBM where possible (Rx, referrals)	<input type="checkbox"/>	Mx not current best practice (incl. Rx/referrals)
<input type="checkbox"/>	4. Use of time & resources	<input type="checkbox"/>	Inappropriate use of resources (incl. costs)
<input type="checkbox"/>	5. Safety netting & FU (google: <i>Bradford VTS Rams 3 part method to safety netting (EDF)</i>)	<input type="checkbox"/>	Safety netting & FU is poor/absent

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INTERPERSONAL SKILLS

P	😊 PASS ITEMS	F	😞 FAIL ITEMS
<input type="checkbox"/>	1. Encourages pt contribution , builds rapport , responds to cues	<input type="checkbox"/>	Poor active listening skills. Misses cues.
<input type="checkbox"/>	2. Explores ICE/agenda/preferences + genuine empathy	<input type="checkbox"/>	Poor shared understanding.
<input type="checkbox"/>	3. Explains Ex well - (sensitivity + consent)	<input type="checkbox"/>	Lack of patient respect/sensitivity.
<input type="checkbox"/>	4. Other explanations make sense + relevant	<input type="checkbox"/>	Language/explanations poor/not relevant
<input type="checkbox"/>	5. Pt involved in Mx - shared decision making	<input type="checkbox"/>	Does not acknowledge/use pt contribution (incl. consent)
<input type="checkbox"/>	6. Conversational & flexible	<input type="checkbox"/>	Does not work in partnership with the patient.

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GLOBAL MARKERS OF FAILURE

	ITEMS	ADVICE
<input type="checkbox"/>	1. Disorganised/ Unstructured	Disorganisation is improved by SIGNPOSTING. Do more signposting! Google <i>Bradford VTS The 5 important S's of the consultation</i>
<input type="checkbox"/>	2. Priorities/Issues not recognised	
<input type="checkbox"/>	3. Time Mx poor	Often this is because the trainee spends too long perfecting DATA GATHERING or waffling!
<input type="checkbox"/>	4. Poor choice of consultation (low challenge , too simple, not complex enough)	If a pharmacist can deal with the problem, it is generally too simple and low challenge for a GP - e.g. hayfever, stye on eye, viral URTI, otitis media/externa.
<input type="checkbox"/>	5. Consent is poor/inadequate	If consent is recorded, it must be done well. Otherwise fail! Read up RCGP guidelines.
<input type="checkbox"/>	6. Unnecessary flesh is seen on camera	Any exposure of flesh in the swimsuit area (t-shirt + shorts) = fail.