

CSA SOX for GP Trainers Part 1 & 2

October 10 2019

East of England CSA SOX Trainers Cambridge

Introductions...

- Tutors: Anne Hawkrige & Fiona Leckie
- Experienced educators, CSA support for re-sits
- Dr Hawkrige CSA examiner & HEENW SOX Lead
- Dr Leckie CSA examiner & EoE HEE SOX Lead

Aim for today

How can the SOX programme ,CSA Toolkit and FourteenFish help YOU with your CSA resit Trainee?

The SOX Programme & **CSA** **Toolkit**

Evidence-based Support **O**n e**X**tension programme

SOX Programme paper: Published Feb 2019

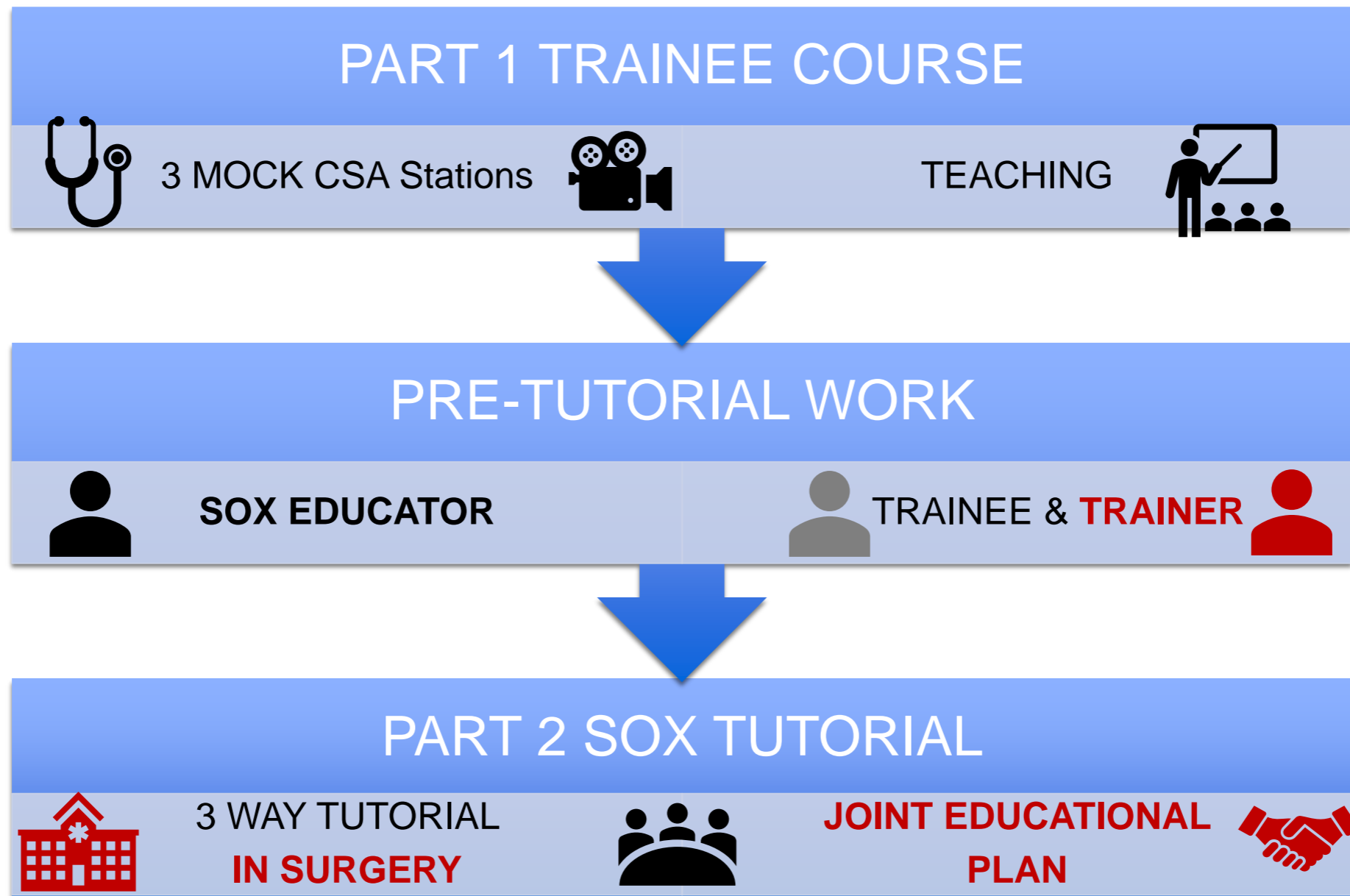
A description and evaluation of an educational programme for North West England

GP trainees who have multiple fails in the Clinical Skills Assessment (CSA)

Anne Hawkrige & David Molyneux

Evaluation of 2 years of CSA re-sit outcomes

SOX PROGRAMME SUMMARY



Key reasons WHY SOX works

- Uses an independent **SOX educator** to *reappraise* trainee's performance and learning needs
- *Reaches* **Trainers** with the 3 way tutorial *in practice*
- Uses a *generic* **CSA Model** mapped directly to the assessment
- Offers a *range of educational strategies*: **CSA Toolkit**
- Uses the **BIG FIVE** as a *reappraisal matrix*
- **Trainers** *continue the development work*: > 4 weeks to resit

The **BIG FIVE** : Why do doctors pass the CSA?

1. **Consult 'like a GP'** (*not a hospital doctor*)
2. **Ready to sit** (*they sit at the 'right' time*)
3. **Competent global knowledge 'of'** (*UK General Practice*)
4. **Knowledge 'how' gaps addressed** (*LD, sexual history, women health etc*)
5. **Good exam technique** (*simulation, physical examination*)

BIG FIVE & the **CSA** **Model/Toolkit**

- Key priorities for ‘**Consulting like a GP**’
- **Part 1** How to use the **CSA Model** for the other **BIG FIVE**
- Evaluate a CSA station
- **Part 2** Plan educational strategies using **CSA Toolkit**
- Use the **CSA Toolkit** for the other **BIG FIVE**

Log onto the **CSA Toolkit**

Fourteenfish.com

annehawkrige@yahoo.co.uk

Cardiff2018

Bring up the **CSA Overview(Model)**

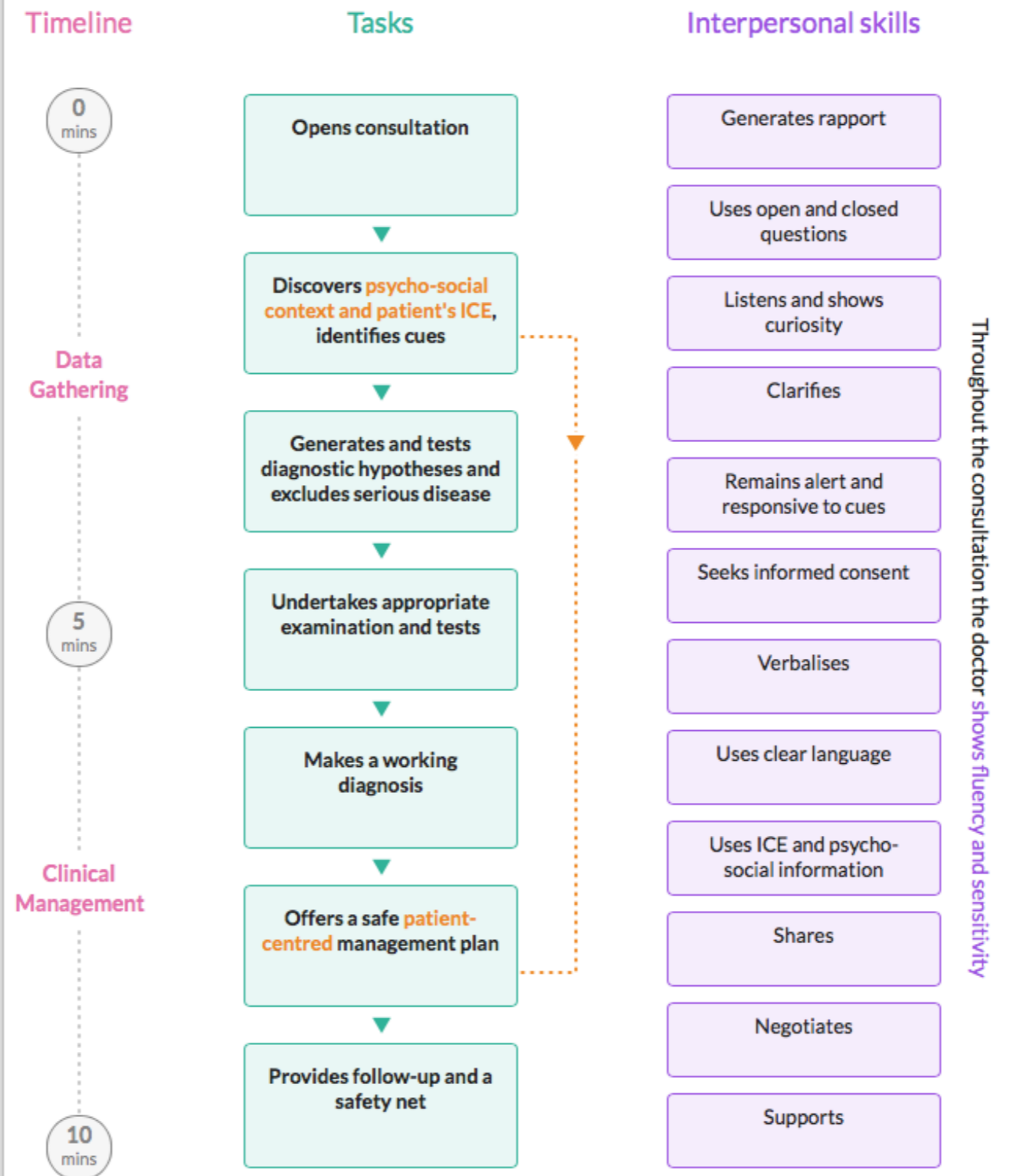
Consulting like a GP

- GPs deal with **undifferentiated** conditions
- GP patients present with **'symptoms' & 'problems'**
- GPs must **discover** the **patients story & life**
- GPs must **share management plans, involving the patients perspective**
- GPs must plan **follow up** and **safety net**

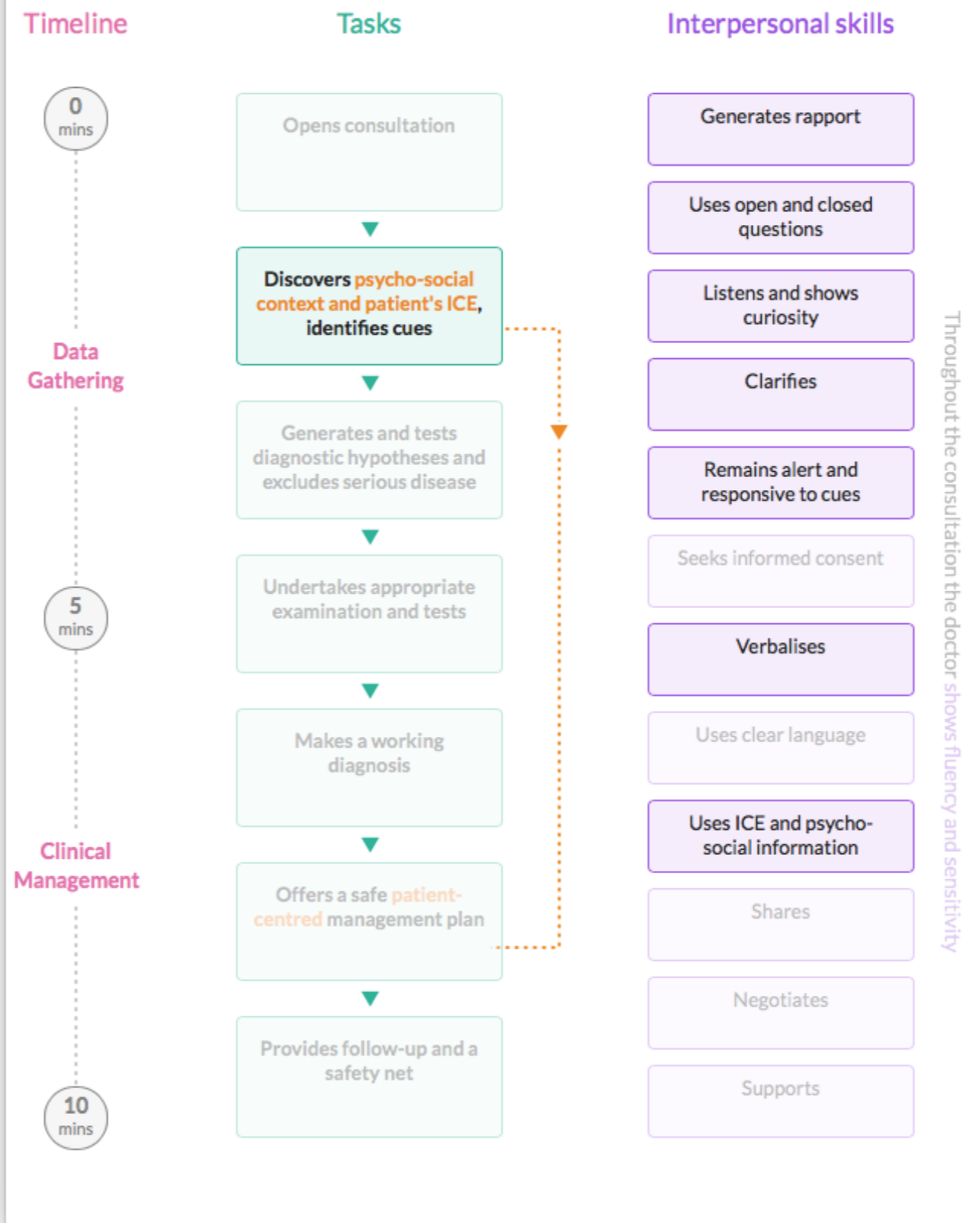
The CSA Model-a walkthrough

- All 'consulting like a GP' **tasks** outlined
- All tasks linked to related **interpersonal skills**
- **Timeline** to cover global skills of time management & structure of consultation
- Global skills of **fluency** and **showing sensitivity** to patient indicated

Clinical Skills Assessment Overview



Clinical Skills Assessment Overview



2017 SOX Tutorial Evaluation: >90% **TUTORIALS identified problems with...**

TUTORIAL THEME PROBLEM

LINKS TO CSA MODEL

ICE & Psycho-social Information

psycho-social context and patient's ICE, generates rapport, uses open & closed Qs, listens & shows curiosity

Identifying Cues

identifies cues

Poor Rapport

generates rapport

Formulaic

uses open & closed Qs, listens & shows curiosity

Poor Structure

lack of fluency

Poor Time management

Timeline

Sharing of **patient-centred management plans**

shares, negotiates, uses ICE & psycho-social information

SUMMARY 2017 SOX Tutorial Evaluation

>90%
TUTORIALS
identified
problems
with...



ICE & Psycho-social Information



Identifying Cues



Poor Rapport



Formulaic



Poor Structure



Poor Time management



Sharing patient-centred management
plans

Recommended priorities

Consulting 'like a GP'

- Prioritise **first half of consultation**
- Start with **opening body language** and **greeting**
- Must use **sufficient open Qs** to gain a story
- Must **identify & respond to cues**
- Explore 'buy in' to importance of **psycho-social and ICE** 'NOT just a tick-box'

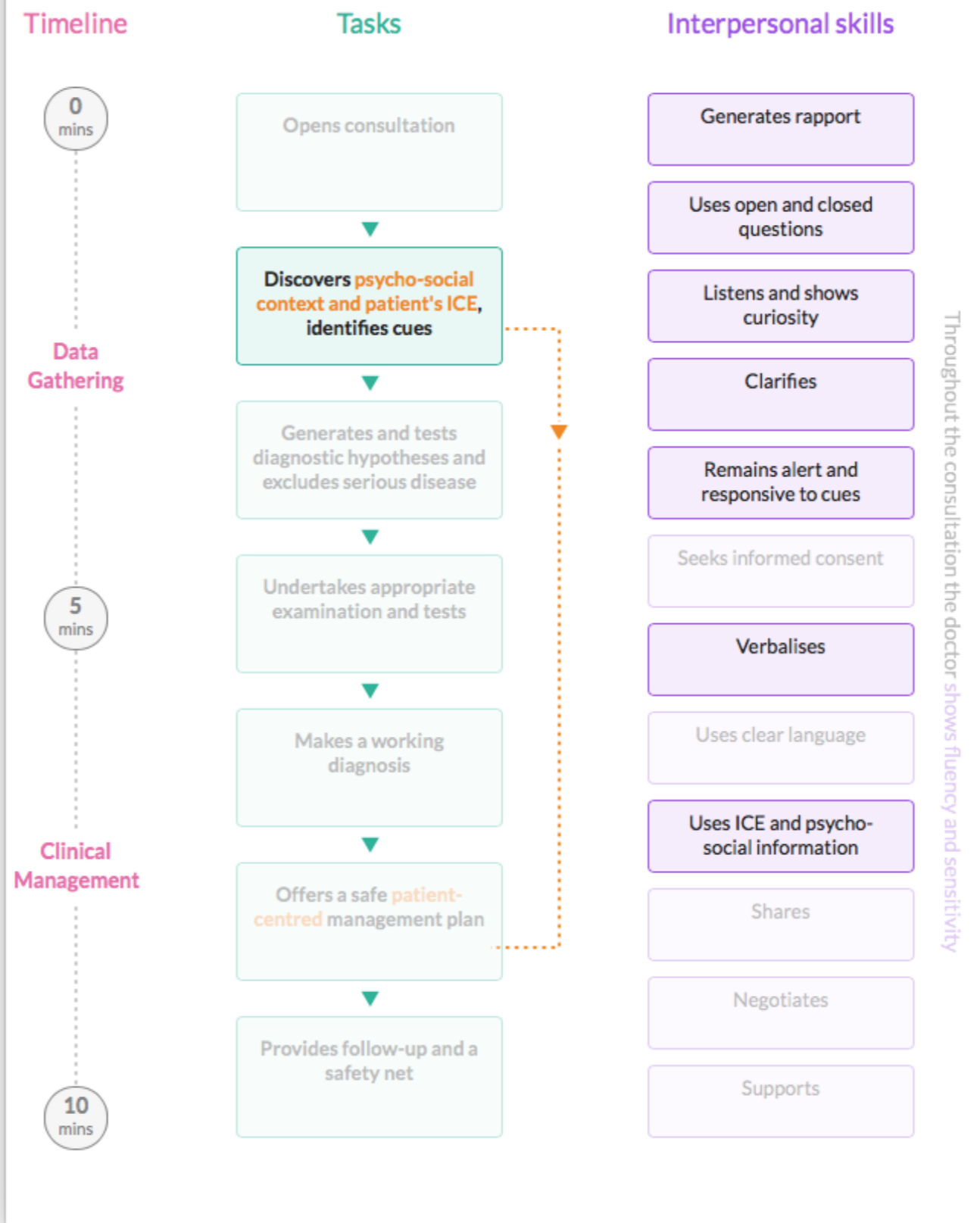
Small Group Work

Key Task 1: Discovers psycho-social context and patient's ICE, identifies cues

Discuss using the **CSA overview** to analyse **GREEN** descriptors of this task. Why is it so KEY?

How do the related skills of **generates rapport, uses open & closed Qs, listens & shows curiosity** improve completion of this task?

Clinical Skills Assessment Overview



Discuss in pairs

Analyse a practise CSA case using the tool

- Watch first 5 minutes of consult
- Note down SKILLS areas which went less well
- SKILLS to focus on: **generates rapport, uses open & closed Qs, listens & shows curiosity**
- Use the **CSA SOX Overview(Model)**

Watch 5 mins CSA consult

Discuss in pairs

Working with your Trainee: using the **CSA SOX Model & Toolkit**

- Analyse their **CSA cases/Consultations**
- Identify **RED** or **AMBER** areas with your trainee
- Start with **RED** areas such as “only one **open question**”
- Discuss with your trainee why this is a **RED** area (*prematurely closes down the consultation, makes enquiry into social context difficult*)
- Use the **CSA Model RAG** descriptors

Working with your Trainee: using the **CSA SOX Model & Toolkit**

- Planning *shared* educational strategies
- Using the **CSA SOX Model & Toolkit**
- For example, trainee *makes a list of open questions & practises using > 3 at the start*
- ***Practise strategies*** to change specific behaviours
- Consider ***role play to consolidate***

Educational strategies for Mr Amber

Key Task 1: Discovers psycho-social context and patient's ICE, identifies cues

In pairs discuss using the **CSA Toolkit** to plan educational strategies to address the **RED & AMBER** rated **Interpersonal skills**

- 1) generates rapport,
- 2) uses open & closed Qs,
- 3) listens & shows curiosity

Discuss in pairs

Take home points

- Think like a SOX educator
- Its never too early to start with the **BIG FIVE**
- Prioritise the *start* of the consultation
- Ask Trainee to add you to **14Fish portfolio**
- Encourage peer study for exam technique

Lunch

Part 2: More on the BIG FIVE

- Key priorities for ‘**Consulting like a GP**’
- How to use the **CSA Toolkit** for the other **BIG FIVE**
- Evaluate a CSA station
- Plan educational strategies using **CSA Toolkit**
- Use the **CSA Toolkit** for the other BIG FIVE

Is your Trainee consulting like a GP now?

Have you seen the **MOCK videos**?

Have you seen any **other videos**?

How often do you do **joint surgeries**?

Is there **'buy in'** to the need for a **story, ICE**?

Is there any *resistance to your evaluation* of consulting?

Discuss in pairs

2) Being 'ready to sit': **PRE-TUTORIAL** evaluation

The **CSA** model can be used to predict a trainees readiness

GREEN for 'go' through to **RED** to 'defer'

Gaps in training-*sickness, maternity leave, LTFT*

Evaluate **health/family problems** -*involve ADs, ARCP*

Additional AKT re-sit-timing, career change

Previous CSA score-how long ago? score < 65?

Timing of next CSA diet-revaluate before application window closes
DEFER if in doubt

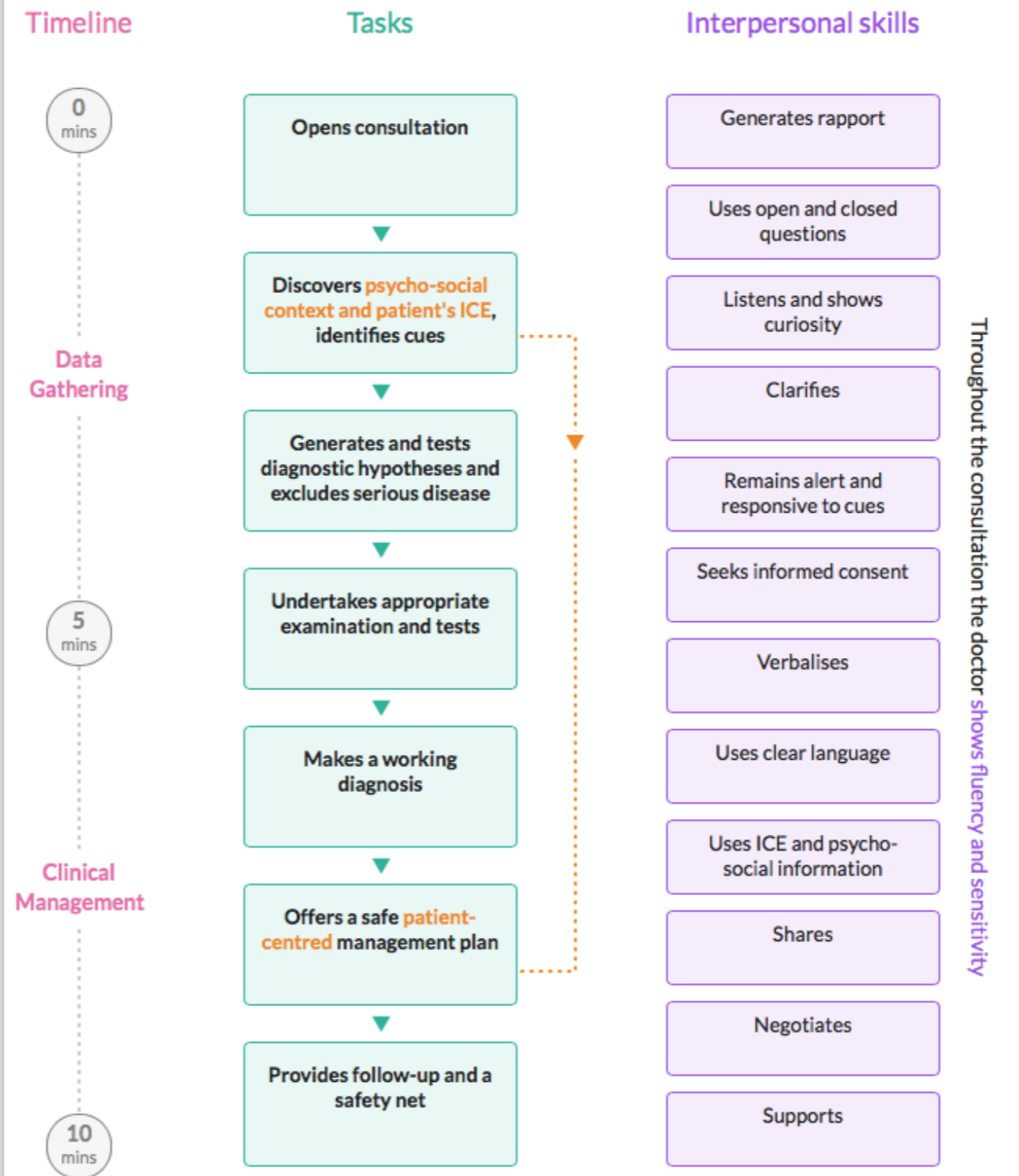
Moving on to...

- **Global Knowledge** of UK General Practice
- **Specific Knowledge Gaps** in the GP curriculum

Global Knowledge & Specific gaps

- Go back to the **CSA Model**
- Look at other **Key GP TASKS** involving **Knowledge**
- **Generates and tests differential diagnoses and excludes serious disease**
- **Makes a working diagnosis**
- **Offers a safe patient-centred management plan**
- **Provides follow up and a safety net**

Clinical Skills Assessment Overview



Recommendations from SOX programme

- GP patients present with *undifferentiated* symptoms/problems
- Trainees must be able to **Generate differential diagnoses INSTANTLY**
- ***Serious disease must be ruled in or out if appropriate***
- **Failure to Offer a safe patient-centred management plan** is most common feedback statement for ***all*** candidates

Watch CSA consult again

- Focus on **Differential Diagnosis generation**
- Is the list *comprehensive enough*?
- How effectively is **serious illness** ruled out?
- Is the **use of closed Qs** organised & effective?
- Is a **Safe patient-centred management plan** offered?

Watch Mr Amber

Discuss in pairs

Working with your Trainee: using the **CSA SOX Overview & Toolkit**

- Planning *shared* educational strategies
- Using the **CSA SOX Overview & Toolkit**
- For example trainee *to practise generating a list of differentials for 'pain in the leg'*
- ***Practise strategies*** to change specific behaviours
- Consider ***role play to consolidate***

Educational strategies for Mr Amber

Key Task 2: Generates and tests diagnostic hypotheses and rules out serious illness

Key Task 3: Offers a safe patient-centred management plan

In pairs discuss using the **CSA Toolkit** to plan educational strategies to address the **RED & AMBER** rated **TASKS**





Discuss in pairs


What we know works for Knowledge revision

- **AKT failure:** *If need to pass both AKT & CSA **trainees** need to work doubly hard and use the **14Fish AKT package** intensively*
- **Manage your trainee's case load** : *a sufficient and diverse range of patients and problems*
- **Trainees to practise **generating differential diagnoses**** lists from *symptoms*
- **Pay particular attention to weak curriculum areas** e.g. Women Health especially if no O and G posts
- **Use **14Fish Library** to revise** all weak areas

- Here you can set your trainer

Doctors

 Search  History  Portfolios  Exam training engagement

Sharing details and preparation 

Trainer access: **Not set**

- and invite them to your Training Portfolio

Sharing your portfolio

Enter the email address of the person you want to invite...

This provides access to your Portfolio and any FourteenFish training package (e.g. AKT/CSA/I&R) engagement statistics.

First name:

Surname:

Email address:

Additional areas to focus on with the **CSA Model**

Uses Clear Language

* Be aware of potential for language misconceptions, make sure you watch videos/joint surgeries to pick up

Provide follow up and a safety net

The concept of *shared decision making* concurs strongly with KEY TASK 1 and 3

What the British say	What the British mean	What others understand
I hear what you say	I disagree and do not want to discuss it further	He accepts my point of view
With the greatest respect...	I think you are an idiot	He is listening to me
That's not bad	That's good	That's poor
That is a very brave proposal	You are insane	He thinks I have courage
Quite good	A bit disappointing	Quite good
I would suggest.....	Do it, or be prepared to justify yourself	Think about the idea, but do what you like
Oh incidentally/by the way	The primary purpose of your discussion is...	That is not very important
I was a bit disappointed that..	I'm annoyed that	It doesn't really matter
Very Interesting	That is clearly nonsense	They are impressed
I'll bear it in mind	I've forgotten it already	They will probably do it

Recommendations

Almond, Mant and Thompson (2009) BJGP

What should safety net advice include?

- The existence of uncertainty
- What exactly to look out for
- How exactly to seek further help
- What to expect about time course
- Safety-net advice should be documented in the medical notes

Discuss in pairs

5) Good exam technique: What **SOX** added...

- Practise **CSA Role Play**-10 minutes, only one problem, format of CSA stations, *avoid* using “Tell me more”
- Practise **physical examination**-choice, focussed, technique & interpretation
- Practise *how* **physical exam findings** are communicated in CSA-card, verbally, photograph
- Practise **clear explanations** of diagnosis, avoiding jargon
- Consider **specific interventions for panic/nerves**, CBT

Discuss in pairs

What next?

PART 2 SOX TUTORIAL

1. **SOX Educator Tutorial**: Use to *triangulate* learning needs
2. POST SOX **Educational Plan** with Trainee
3. Agree **Timeline for review** of progress
4. Use Focussed Tutorials to **integrate WPBA goals** with CSA/AKT preparation

Please do use the **CSA Toolkit** site(NB *new* videos, commentary by examiners)