CSA SOX for GP Trainers Part 1 & 2

October 10 2019
East of England CSA SOX Trainers Cambridge
Introductions...

- Tutors: Anne Hawkridge & Fiona Leckie
- Experienced educators, CSA support for re-sits
- Dr Hawkridge 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 On eXtension 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 Hawkridge & David Molyneux

**Evaluation of 2 years of CSA re-sit outcomes**
SOX PROGRAMME SUMMARY

PART 1 TRAINEE COURSE
- 3 MOCK CSA Stations
- TEACHING

PRE-TUTORIAL WORK
- SOX EDUCATOR
- TRAINEE & TRAINER

PART 2 SOX TUTORIAL
- 3 WAY TUTORIAL IN SURGERY
- JOINT EDUCATIONAL PLAN
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

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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

**Timeline**

- 0 mins
  - Opens consultation
  - Discovers psycho-social context and patient's ICE, identifies cues
  - Generates and tests diagnostic hypotheses and excludes serious disease
  - Undertakes appropriate examination and tests
  - Makes a working diagnosis
  - Offers a safe patient-centred management plan
  - Provides follow-up and a safety net

- 5 mins
  - Generates rapport
  - Uses open and closed questions
  - Listens and shows curiosity
  - Clarifies
  - Remains alert and responsive to cues
  - Seeks informed consent
  - Verbalises
  - Uses clear language
  - Uses ICE and psycho-social information
  - Shares
  - Negotiates
  - Supports

Throughout the consultation the doctor shows fluency and sensitivity.
Clinical Skills Assessment Overview

**Timeline**
- **0 mins**
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- **5 mins**
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- **10 mins**
  - Offers a safe patient-centred management plan
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**Tasks**

**Interpersonal skills**
- Generates rapport
- Uses open and closed questions
- Listens and shows curiosity
- Clarifies
- Remains alert and responsive to cues
- Seeks informed consent
- Verbalises
- Uses clear language
- Uses ICE and psycho-social information
- Shares
- Negotiates
- Supports
2017 SOX Tutorial Evaluation: >90%
TUTORIALS identified problems with…

<table>
<thead>
<tr>
<th>TUTORIAL THEME PROBLEM</th>
<th>LINKS TO CSA MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICE &amp; Psycho-social Information</td>
<td><em>psycho-social context and patient’s ICE, generates rapport, uses open &amp; closed Qs, listens &amp; shows curiosity</em></td>
</tr>
<tr>
<td>Identifying Cues</td>
<td><em>identifies cues</em></td>
</tr>
<tr>
<td>Poor Rapport</td>
<td><em>generates rapport</em></td>
</tr>
<tr>
<td>Formulaic</td>
<td><em>uses open &amp; closed Qs, listens &amp; shows curiosity</em></td>
</tr>
<tr>
<td>Poor Structure</td>
<td><em>lack of fluency</em></td>
</tr>
<tr>
<td>Poor Time management</td>
<td><em>Timeline</em></td>
</tr>
<tr>
<td>Sharing of patient-centred management plans</td>
<td><em>shares, negotiates, uses ICE &amp; psycho-social information</em></td>
</tr>
</tbody>
</table>
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

**Timeline**

- **0 mins**
  - Opens consultation
  - DisCOVERS psycho-social context and patient's ICE, IDENTifies cues

- **5 mins**
  - Generates and tests diagnostic hypotheses and excludes serious disease
  - Undertakes appropriate examination and tests
  - Makes a working diagnosis

- **10 mins**
  - Offers a safe patient-centred management plan
  - Provides follow-up and a safety net

**Tasks**

**Interpersonal skills**

- Generates rapport
- Uses open and closed questions
- Listens and shows curiosity
- Clarifies
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- Negotiates
- Supports
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

• It's 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 trainee's 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**- **re-evaluate 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

Timeline

0 mins
- Opens consultation
- Discovers psycho-social context and patient's ICE, identifies cues
- Generates and tests diagnostic hypotheses and excludes serious disease
- Undertakes appropriate examination and tests
- Makes a working diagnosis
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- Provides follow-up and a safety net

5 mins
- Data Gathering

10 mins
- Clinical Management

Interpersonal skills

- Generates rapport
- Uses open and closed questions
- Listens and shows curiosity
- Clarifies
- Remains alert and responsive to cues
- Seeks informed consent
- Verbalises
- Uses clear language
- Uses ICE and psycho-social information
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- Negotiates
- Supports

Throughout the consultation, the doctor shows fluency and sensitivity.
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

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/16R) engagement statistics.
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
<table>
<thead>
<tr>
<th>What the British say</th>
<th>What the British mean</th>
<th>What others understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hear what you say</td>
<td>I disagree and do not want to discuss it further</td>
<td>He accepts my point of view</td>
</tr>
<tr>
<td>With the greatest respect…</td>
<td>I think you are an idiot</td>
<td>He is listening to me</td>
</tr>
<tr>
<td>That’s not bad</td>
<td>That’s good</td>
<td>That’s poor</td>
</tr>
<tr>
<td>That is a very brave proposal</td>
<td>You are insane</td>
<td>He thinks I have courage</td>
</tr>
<tr>
<td>Quite good</td>
<td>A bit disappointing</td>
<td>Quite good</td>
</tr>
<tr>
<td>I would suggest…..</td>
<td>Do it, or be prepared to justify yourself</td>
<td>Think about the idea, but do what you like</td>
</tr>
<tr>
<td>Oh incidentally/by the way</td>
<td>The primary purpose of your discussion is…</td>
<td>That is not very important</td>
</tr>
<tr>
<td>I was a bit disappointed that..</td>
<td>I’m annoyed that</td>
<td>It doesn’t really matter</td>
</tr>
<tr>
<td>Very Interesting</td>
<td>That is clearly nonsense</td>
<td>They are impressed</td>
</tr>
<tr>
<td>I’ll bear it in mind</td>
<td>I’ve forgotten it already</td>
<td>They will probably do it</td>
</tr>
</tbody>
</table>
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)