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?
Your Holistic assessment to date…

Discuss in pairs

• What psycho-social challenges are there?

BEWARE: ‘Assumed competence’-older, career change

• What is your trainee’s ICE about being a GP?

• Any unhelpful behaviours? * Disorganised, poor time keeping, fails to take responsibility, lack of insight into weak areas, struggles to accept feedback
Discuss in pairs
What CSA support offered resits so far?

**Trainee CSA SOX Programme SEPT 2019**

- Mock CSA course - 3 stations
- Trainee questionnaire
- Training in use of **CSA Model & Toolkit**
- Sign up to **14Fish Revision Library**
CSA SOX Programme 2016
HEENW

CSA SOX Group 3rd & 4th attempts
n=29 (13%)

PASS 79%
FAIL 21%

PASS 46%
FAIL 54%

*National CSA Group 3rd & 4th attempts n=231

*National CSA MRCGP 2016/17 Annual report
CSA SOX Programme 2017
HEENW

CSA SOX Group 3rd & 4th attempts
n=29 (13%)

PASS 77%
FAIL 23%

*National CSA Group 3rd & 4th attempts
n=231

PASS 47%
FAIL 53%

*National CSA MRCGP 2016/17 Annual report
CSA SOX 3rd & 4th attempts

**IMG**

CSA SOX IMG 2016 & 2017 n= 33(13%)

PASS 73%
FAIL 27%

*National CSA 2016/17
n=351*

PASS 43%
FAIL 57%

*National CSA MRCGP 2016/17 Annual report*
CSA SOX 3rd & 4th attempts
UKG

CSA SOX UKG 2016 & 2017 n= 18(16%)

PASS 89%
FAIL 11%

PASS 43%
FAIL 57%

*National CSA 2016/17
n=351

National CSA MRCGP 2016/17 Annual report
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

- Uses the **BIG FIVE** as a *reappraisal matrix*

- Offers a *range of educational strategies: CSA Toolkit*

- **Trainers** *continue the development work*: > 4 weeks to resit
Back to what comes after Trainee CSA SOX course

PRE-TUTORIAL WORK

- CSA SOX educators, trainees and trainers evaluate - Mock CSA stations, trainee questionnaire & WPBA portfolio

SOX TUTORIAL

- 3 way tutorial in practice- *timed ASAP*

- Shared evaluation & educational plan

- *use CSA Toolkit*
1. Understand the **BIG FIVE** reasons for passing the CSA

2. Evaluate **3 MOCK Stations** using **CSA Model**

3. **RAG** rate your Trainees **BIG FIVE**

**3 MOCKs, Trainee Questionnaire, Portfolio & other information**

4. **Joint Tutorial** with Trainee re **BIG FIVE**
SOX Evidence & Resources

- Please all log onto FourteenFish.com
- Open CSA Overview(Model) under CSA Toolkit
- Open your Trainee Questionnaire on IRIS
- Or use CSA Overview(Model) handout
- Or use Training Trainee Questionnaire handout
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*)
More detail on BIG FIVE...
Consulting ‘like a GP’

- **CSA SOX** Evaluation: identified KEY Tasks & Skills as PRIORITIES

- STRONG RECOMMENDATION emerged

- **Break the habit of** consulting like a hospital doctor ASAP

- **Older career change** likely to be entrenched in hospital doctor consulting
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

**5 mins**
- Generates and tests diagnostic hypotheses and excludes serious disease
- Undertakes appropriate examination and tests

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

**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

Throughout the consultation, the doctor shows fluency and sensitivity.
### 2017 SOX Tutorial Evaluation: \(>90\%\)

**TUTORIALS identified problems with…**

<table>
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<td>Sharing of patient-centred management plans</td>
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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’
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
So what about the other 4: BIG FIVE?

WPBA Portfolio *look at your trainee*

**Trainee Questionnaire**: OPEN on Laptop (or paper version)

Working through the other 4 **BIG FIVE**

Each one can source evidence from the **3 MOCK CSA stations**, the **portfolio** and/or **trainee questionnaire**
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
Discuss in pairs
3) **Global knowledge PRE-TUTORIAL evaluation**

Get **Consulting ‘like a GP’** right, but **don't neglect knowledge revision**

Use **Trainee Questionnaire curriculum areas to focus revision? PUNS and DENS to date with you?**

**WPBA Portfolio: AKT score Clinical Medicine score? How long ago sat? MSF concerns?**

**CSA stations with very low scores**
4) **Specific knowledge how** gaps: **PRE-TUTORIAL** evaluation

Use TQ, WPBA portfolio & Mock: any of gaps below?

- **Physical examination choice & technique**
- **Sexual health** history taking
- Talking to **patients with disabilities**-learning, hearing
- Male doctors **talking to female** patients
- Use of **clear explanations**-diagnoses
Discuss in pairs
Important knowledge revision strategies

Pay particular attention to weak curriculum areas

**Women Health, Genetics, Chronic Disease, Sexual Health, Disability**

Use FourteenFish revision library

Use Tutorials/Joint Surgeries to focus knowledge revision,

**add trainer** to FourteenFish portfolio

Case load & mix: manage to ensure sufficient and diverse range of patients and problems

Practise generating differential diagnoses lists from ‘symptoms’

Use CSA Casebank role play to identify weak areas
- And then scroll down to **system preferences**

- Here select **Trainee Portfolio** and **Save.**

**Linking to trainer on FourteenFish**
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/I&R) engagement statistics.

First name: 
Surname: 
Email address: 

Invite
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
Thank you end of Part 1
Part 2
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**
2017 SOX Tutorial Evaluation: >90%

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- Must **identify & respond to cues**
- Explore ‘buy in’ to importance of **psycho-social and ICE** ‘NOT just a tick-box’
Log onto the CSA Toolkit

Fourteenfish.com

annehawkridge@yahoo.co.uk

Cardiff2018

Bring up the CSA Overview
Clinical Skills Assessment Overview

**Timeline**

- **0 mins**
  - Opens consultation

- **5 mins**
  - 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

- **10 mins**

**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 psychosocial information
- Shares
- Negotiates
- Supports

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

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0 mins
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5 mins

Data Gathering

Clinical Management

10 mins

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
Small Group Work

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

In Groups 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?
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**
Watch 5 mins CSA consult
Discuss in pairs
Working with your Trainee: using the CSA SOX Overview & Toolkit

• Analyse their 3 Mock CSA cases to identify RED or AMBER areas with your trainee before SOX Tutorial

• 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 Overview RAG descriptors
Working with your Trainee: using the

**CSA SOX Overview & Toolkit**

- Planning *shared* educational strategies
- Using the **CSA SOX Overview & 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
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 Overview
- 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
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5 mins
- Data Gathering

10 mins
- Clinical Management

Interpersonal skills

- Generates rapport
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- Uses ICE and psycho-social information
- Shares
- 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** organized & 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
Small Group work: Knowledge revision

- Have a look at your **Trainee Questionnaire**

- In *pairs* discuss ways you can help your trainee revise knowledge and how to apply it in the CSA

- Think about specific gaps in knowledge—**what can you do to help address these gaps?**

- Resources offered: **14Fish library revision** package &

  ? East of England **CSA Casebank** for role play
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 Focused Tutorials to **integrate WPBA goals** with CSA/AKT preparation

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