The CSA SOX Programme in HEENW

Anne Hawkridge October 10 2019
East of England Trainers Cambridge
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2016 HEENW commissioned trainee support for CSA re-sits  
Previous Mock CSA courses were ineffective

CSA SOX or Support On eXtension programme was designed

Core to SOX is the role of trainers and the use of the CSA Toolkit hosted by appraisal toolkit providers FourteenFish.com
CSA Failure

How much of a problem is it?

Turn to your neighbour

Discuss if CSA failure has or is affecting your trainee?
NATIONAL(UK) CSA PASS RATES

CSA 1st ATTEMPT 2016-2019 *

% PASSING 1st ATTEMPT

2016  2017  2018

82%  84%  83%

NATIONAL IMG & UKG

41%  46%  44%

NATIONAL IMG

*MRCGP Annual report 2015-18
## DEANERY RANKINGS *

### NORTH WEST

<table>
<thead>
<tr>
<th>CSA 1(^{ST}) ATTEMPT</th>
<th>CSA ALL GRADUATES &amp; ALL ATTEMPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK GRADUATES</td>
<td></td>
</tr>
<tr>
<td>13(^{TH}) out of 19</td>
<td>15(^{TH}) out of 19</td>
</tr>
<tr>
<td>INTERNATIONAL GRADUATES</td>
<td></td>
</tr>
<tr>
<td>12(^{TH}) out of 14</td>
<td></td>
</tr>
</tbody>
</table>

### EAST of ENGLAND

<table>
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<tr>
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<th>CSA ALL GRADUATES &amp; ALL ATTEMPTS</th>
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*MRCGP Annual report 2017/18*
CSA 2017/18 MEDICAL SCHOOL RANKINGS

UK Graduates (by medical school)
CSA Failure

Were you aware of the IMG & UKG data for East of England?

Turn to your neighbour

Discuss how the increased IMG% might affect overall CSA pass rates
What is the SOX Programme?

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
CSA SOX Programme 2016
HEENW

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

PASS 79%
FAIL 21%

*National CSA Group 3rd & 4th attempts n=224

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

CSA SOX Group 3rd & 4th attempts
n=22 (10%)

PASS 77%
FAIL 23%

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

PASS 47%
FAIL 53%

*National CSA MRCGP 2017/18Annual report
CSA SOX 3rd & 4th attempts IMG

CSA SOX IMG 2016 & 2017 n= 33(10%)

PASS 73%
FAIL 27%

PASS 43%
FAIL 57%

*National CSA 2016/17
n=341

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

UKG

PASS 89%
FAIL 11%

PASS 58%
FAIL 42%

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

*National CSA 2016/17 n=114

*National CSA MRCGP 2016/17 Annual report
## DEANERY RANKINGS *

<table>
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<th>East of England</th>
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*MRCGP Annual report 2017/18*
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*
PART 1: TRAINEE ONLY

- Mock CSA - 3 stations
- Trainee questionnaire
- Teaching in use of CSA Model & Toolkit
- BIG FIVE reasons for passing CSA
- Sign up to 14Fish Revision Library
PART 2: SOX EDUCATORS

PRE-TUTORIAL WORK

- CSA SOX educator, trainee and trainer evaluate Mock stations, trainee questionnaire & WPBA portfolio
- Map against BIG FIVE Matrix

PART 2 SOX TUTORIAL

- 3 way tutorial in practice- *timed ASAP*
- Shared evaluation & educational plan
- use CSA Toolkit
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*)
1) 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**
  - **Data Gathering**
    - Opens consultation
    - Discovers psycho-social context and patient's ICE, identifies cues
    - Generates and tests diagnostic hypotheses and excludes serious disease
  - **Clinical Management**
    - Undertakes appropriate examination and tests
    - Makes a working diagnosis
    - 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
- 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.
Timeline

0 mins

Data Gathering

5 mins

Tasks

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

Interpersonal skills

Generates rapport

Uses open and closed questions

Listens and shows curiosity

Clarifies

Remains alert and responsive to cues

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Clinical Skills Assessment Overview

Timeline

0 mins
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Discovered psycho-social context and patient’s ICE, identifies cues
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- Clarifies

5 mins
- Generates and tests diagnostic hypotheses and excludes serious disease
- Remains alert and responsive to cues
- Seeks informed consent
- Verbalises
- Uses clear language

Clinical Management

10 mins
- Undertakes appropriate examination and tests
- Makes a working diagnosis
- Uses ICE and psycho-social information
- Offers a safe patient-centred management plan
- Provides follow-up and a safety net
- Shares
- Negotiates
- Supports

Throughout the consultation, the doctor shows fluency and sensitivity.
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’
Consulting ‘like a GP’

How much does this resonate with you?

Turn to your neighbour

Discuss if your trainee ‘buys into’ patients story & ICE
2) Being ‘ready to sit’:
What **SOX** added…

- **Allow enough time** after **SOX** (>4 weeks)
- **Gaps in training** - FAILED if immediate re-sit after return
- **Evaluate health/family problems** *involve ADs, ARCP*
- **Support Trainers** evaluation of resit timings

The **CSA model** can be used to predict a trainee’s readiness

- **GREEN** for ‘go’ through to **RED** to ‘defer’
<table>
<thead>
<tr>
<th>Green / Red criteria</th>
<th>Generates rapport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses open body language and shows warmth and interest.</td>
<td>Shows little warmth and appears rigid or overly familiar.</td>
</tr>
<tr>
<td>Shows curiosity and a non-judgmental approach about the</td>
<td>Does not demonstrate curiosity about the presenting problem and shows little</td>
</tr>
<tr>
<td>presenting problem using active listening and a real</td>
<td>desire to understand the patient’s perspective.</td>
</tr>
<tr>
<td>desire to understand the patient’s perspective.</td>
<td></td>
</tr>
<tr>
<td>Verbalises own thinking processes in order to encourage</td>
<td>Rarely verbalises thinking process and demonstrates a judgemental</td>
</tr>
<tr>
<td>patient.</td>
<td>approach</td>
</tr>
<tr>
<td>Interacts with the patient and modifies tone and</td>
<td>Shows little interaction with the patient and follows a fixed or insensitive</td>
</tr>
<tr>
<td>language when the need arises.</td>
<td>agenda.</td>
</tr>
<tr>
<td>Introduces questions about psychosocial functioning</td>
<td>Introduces questions about psychosocial functioning in a clunky or insensitive</td>
</tr>
<tr>
<td>fluently and appropriately with clear explanation of</td>
<td>manner with no rationale for the questions asked.</td>
</tr>
<tr>
<td>the relevance of questioning.</td>
<td></td>
</tr>
<tr>
<td>Fluently and sensitively explores ICE and cues at an</td>
<td>Elicits ICE and/or cues using jarring or formulaic phrases or at an inappropriate</td>
</tr>
<tr>
<td>appropriate time in the consultation</td>
<td>time in the consultation.</td>
</tr>
</tbody>
</table>
Being ready to sit

Does your trainee always have a good idea when they are ready?

Turn to your neighbour

Discuss if your trainee has ever taken the CSA too early? Why?
3) Global knowledge: what we already knew

Clinical Management failure remains top CSA feedback statement* for both UKGs & IMGs

“Did not develop a management plan reflecting knowledge of best practice”

IMG re-sits: majority +AKT multiple attempts

UKG re-sits: 50% ‘gaps’ since AKT first attempt pass +/- LTFT

>50% of CSA resits: needed to also pass the AKT

* MRCGP Annual report 2017/18
NATIONAL AKT PASS RATES 2016-2019

% Pass Rates all attempts

YEAR

2016 2017 2018

National UKG & IMG

74% 73% 69%

IMG National

49% 48% 43%
AKT PASS RATES 2016-2019

2016 2017 2018

NATIONAL IMG& UKG

HEENW IMG & UKG

IMG NATIONAL

%PASSING ALL ATTEMPTS

74% 73% 69%
65% 67% 69%
49% 48% 43%
3) Global knowledge: What SOX added...

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

Use **Tutorials/Joint Surgeries** to focus knowledge revision

*add TRAINER* to FourteenFish trainee portfolio

**AKT & CSA resits:** FourteenFish AKT package use scored **higher** in CSA
And then scroll down to **system preferences**

**System preferences**

- **How you use portfolio:**
  - [x] Appraisal portfolio
  - [ ] Trainee portfolio
  - [ ] Use as a Learning Diary - I don't want to use an appraisal or trainee portfolio

*If you are a doctor on the Induction and Refresher scheme please select the Trainee portfolio option for whilst you are on your work placement.*

- **Use the Mentorship area:**
  - [ ]

*If you are part of a mentoring screen, the Mentorship area allows you to record and share mentorship meeting notes and entries.*

[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
Time on package

Total time on package: 10 hrs 48 mins (6 hrs 25 mins viewing modules, 4 hrs 23 mins doing tests)

Modules completed: 15 / 21 watched (1 manually completed)

Test scores

<table>
<thead>
<tr>
<th>Started</th>
<th>Time taken</th>
<th>Score</th>
<th>Revised</th>
<th>Right after revision</th>
<th>Right before revision</th>
<th>Advice</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2018 20:55:39</td>
<td>2 hrs 0 min*</td>
<td>51 / 100</td>
<td>51%</td>
<td>20</td>
<td>12</td>
<td>2</td>
<td>Revise</td>
</tr>
<tr>
<td>14/10/2018 21:41:06</td>
<td>57 mins</td>
<td>63 / 100</td>
<td>63%</td>
<td>11</td>
<td>8</td>
<td>0</td>
<td>Revise</td>
</tr>
<tr>
<td>17/10/2018 05:43:38</td>
<td>10 mins</td>
<td>12 / 20</td>
<td>60%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>View</td>
</tr>
<tr>
<td>17/10/2018 05:56:02</td>
<td>7 / 10</td>
<td>60%</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>Revise</td>
<td>View</td>
</tr>
<tr>
<td>01/12/2018 09:11:16</td>
<td>21 mins</td>
<td>22 / 36</td>
<td>61.11%</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>Revise</td>
</tr>
</tbody>
</table>

* It looks like this test was done over multiple sittings, so we have capped the time at 2 hours.

Scores by topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and nutrition</td>
<td>1 / 1</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>24 / 36</td>
<td>67%</td>
</tr>
<tr>
<td>Ear, nose and oropharynx</td>
<td>1 / 1</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency treatment of poisoning</td>
<td>0 / 0</td>
<td>0%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>1 / 3</td>
<td>33%</td>
</tr>
<tr>
<td>Eye</td>
<td>3 / 4</td>
<td>75%</td>
</tr>
<tr>
<td>Gastro-intestinal</td>
<td>6 / 7</td>
<td>86%</td>
</tr>
<tr>
<td>Genetics</td>
<td>0 / 0</td>
<td>0%</td>
</tr>
<tr>
<td>Genito-urinary</td>
<td>3 / 7</td>
<td>43%</td>
</tr>
<tr>
<td>Guidance on prescribing</td>
<td>3 / 5</td>
<td>60%</td>
</tr>
<tr>
<td>Infection</td>
<td>4 / 8</td>
<td>50%</td>
</tr>
<tr>
<td>Malignant disease</td>
<td>0 / 1</td>
<td>0%</td>
</tr>
<tr>
<td>Mental health</td>
<td>5 / 11</td>
<td>45%</td>
</tr>
</tbody>
</table>
4) Specific knowledge gaps: what we already knew

Trainee groups *at risk* of knowledge gaps

- Career change, male gender, gaps in training

*FourteenFish revision library* used by *all* CSA resits

*Trainers role*: encourage *Revision library* use, plan case mix, patient numbers for *LTFT* working and role play practise in weak areas
4) Specific knowledge *how* gaps: What **SOX** added...

- Majority cited specific knowledge *how* gaps
- **Physical examination** choice & technique
- Talking to **patients with disabilities**
- Male doctors **talking to female** patients
- **Sexual health** history
- Use of **clear explanations**-diagnoses, management
Knowledge gaps

Do you think your trainee has a number of knowledge gaps?

Turn to your neighbour

Discuss if your trainee struggles to see certain patient groups
5) Good exam technique: what we knew already

- **Majority IMGs** never sat a *simulated patient* exam

- **Physical examination** in the CSA-actors have *no physical signs*

- Re-sits can experience **extreme nerves**

- **IMGs** fear **poor UK pass rates (44%)**

- **English as second language** *increases time pressure*
5) Good exam technique: What SOX added…

- Practise **CSA Role Play**-10 minutes, only one problem
- Practise **physical examination**-choice & technique
- 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
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*)
The BIG FIVE

Do you recognise the BIG FIVE reasons for passing the CSA?

Turn to your neighbour

Discuss which of the BIG FIVE your trainee needs to work on?
So what next for **SOX**?

2018 & 2019 **SOX offered to more trainees**

February starters (January Mock)

ST3s failing in Jan/Feb CSA (Early March Mock)

Total of **20 ST3s avoided Extensions**

2019 *91%* 2\textsuperscript{nd} attempts in May PASSED ᐈ 🏆 🏆
CSA SOX Programme 2018
HEENW

CSA SOX Group 3rd & 4th attempts
n=23 (10%)

PASS 83%
FAIL 17%

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

PASS 47%
FAIL 53%

*National CSA MRCGP 2017/18 Annual report
SOX is coming near you…

- **CSA Toolkit** to be available to *all Trainers*
- **FourteenFish AKT package** already available to *all trainees*
- **SOX programme** for all August CSA resits
Thank you