

# 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?

# Your Holistic assessment to date...

Discuss in pairs

- What **psycho-social** challenges are there?

BEWARE: 'Assumed competence'-older, career change

- What is your trainees **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?

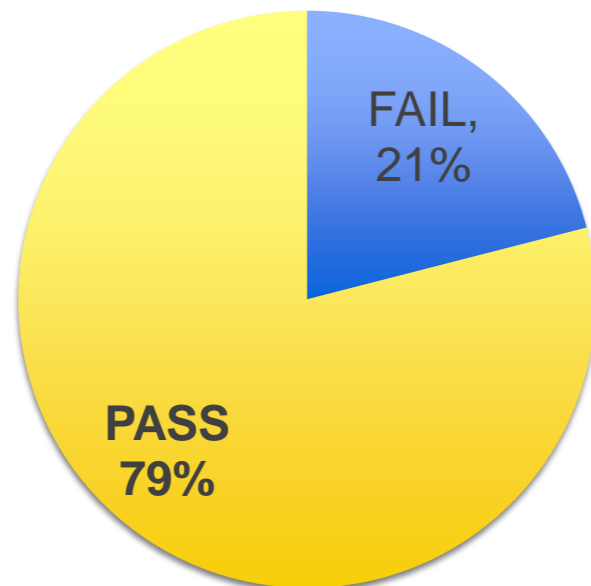
## Trainee CSA SOX Programme SEPT 2019

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

# CSA SOX Programme 2016

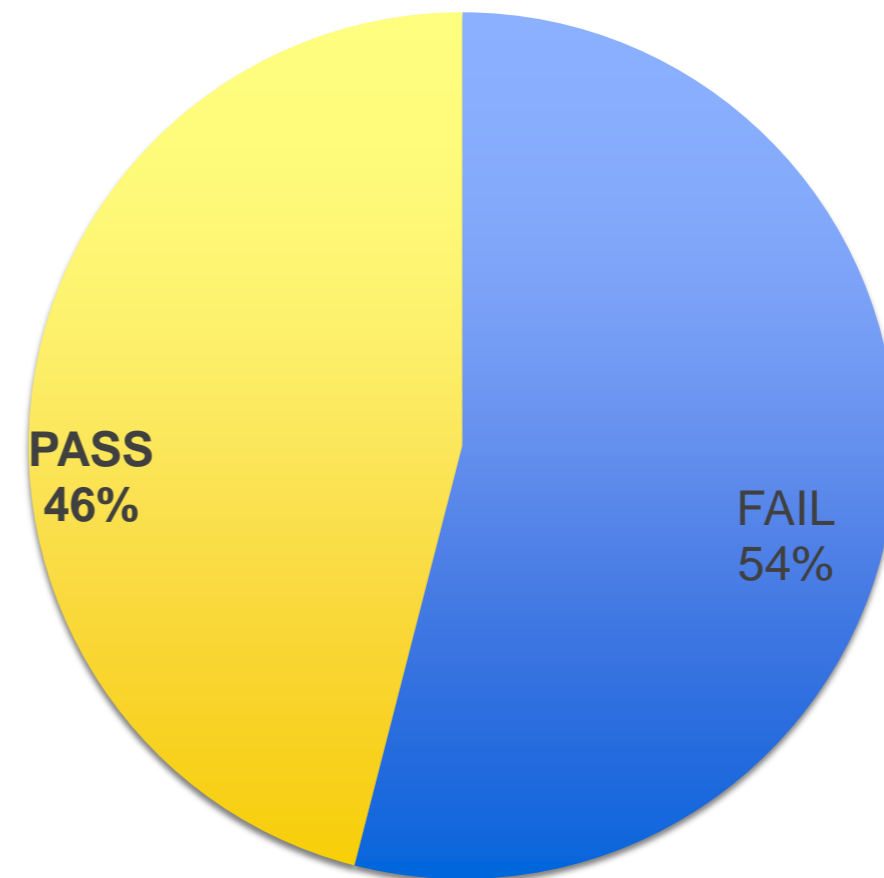
## HEENW

■ FAIL  
■ PASS



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

■ FAIL ■ PASS



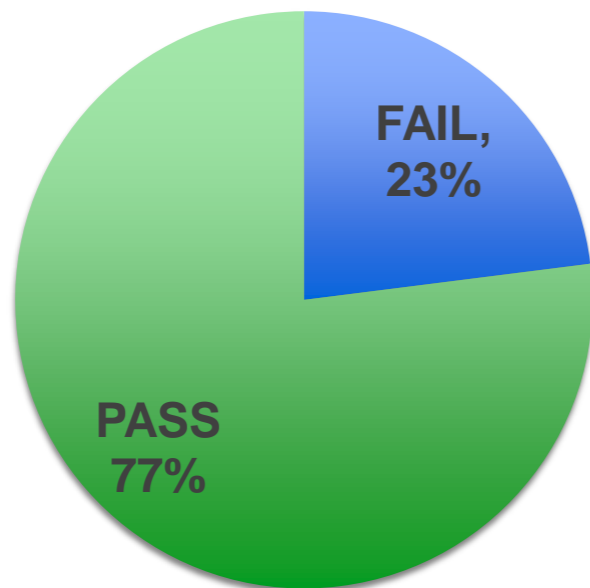
**\*National CSA Group 3rd & 4th  
attempts n=231**

\*National CSA MRCGP 2016/17 Annual report

# CSA SOX Programme 2017

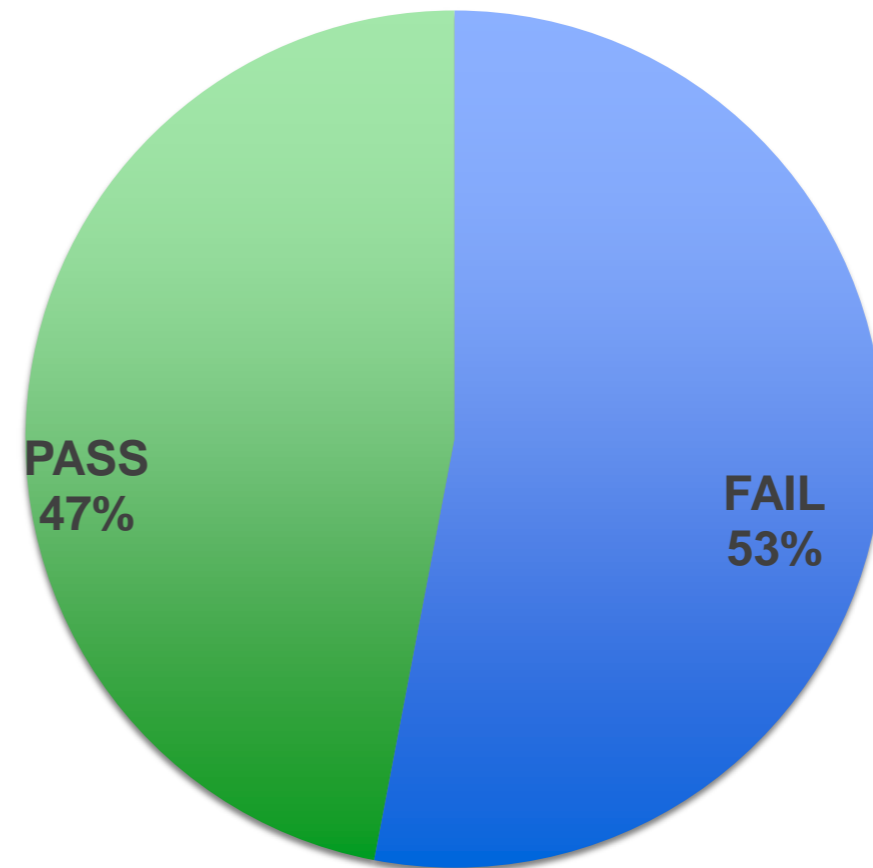
## HEENW

■ FAIL ■ PASS



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

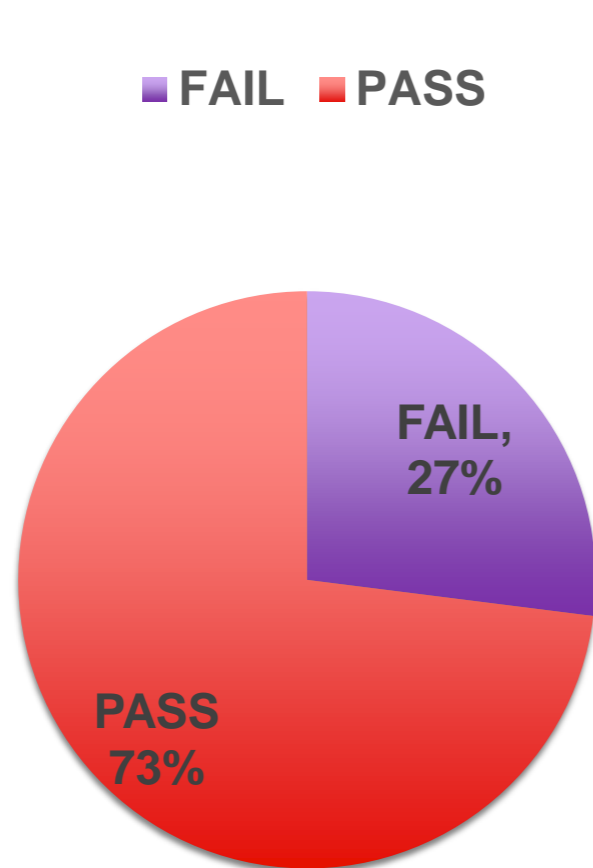
■ FAIL ■ PASS



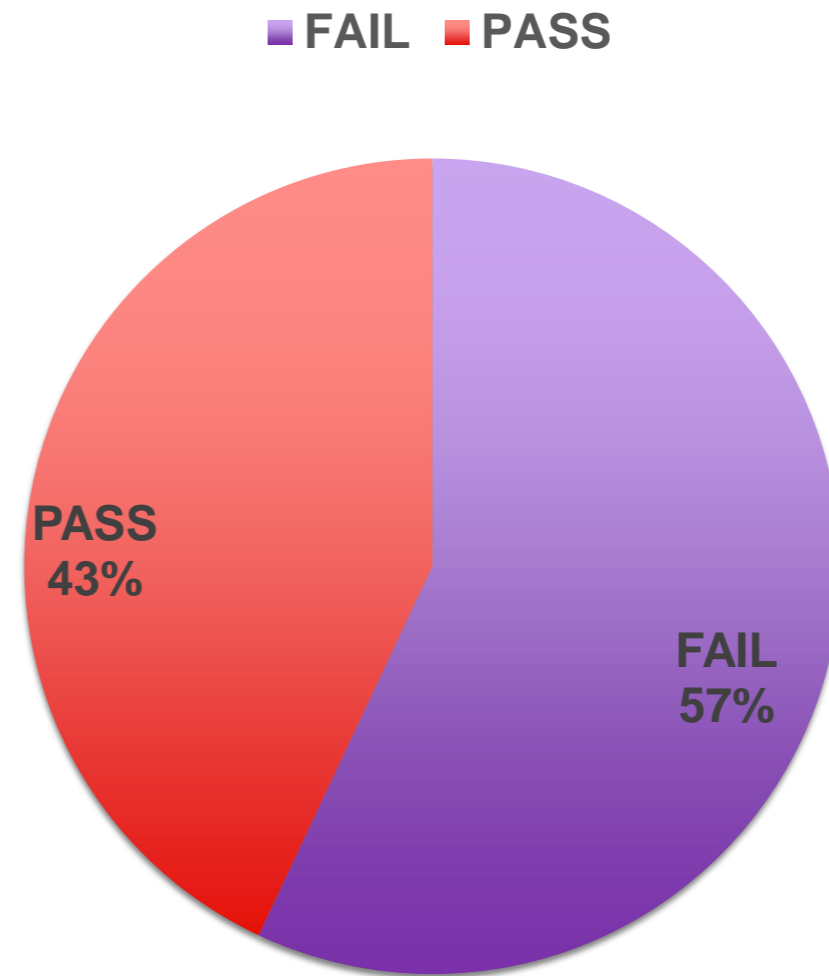
**\*National CSA Group 3rd & 4th attempts**  
**n=231**



# CSA SOX 3<sup>rd</sup> & 4<sup>th</sup> attempts IMG



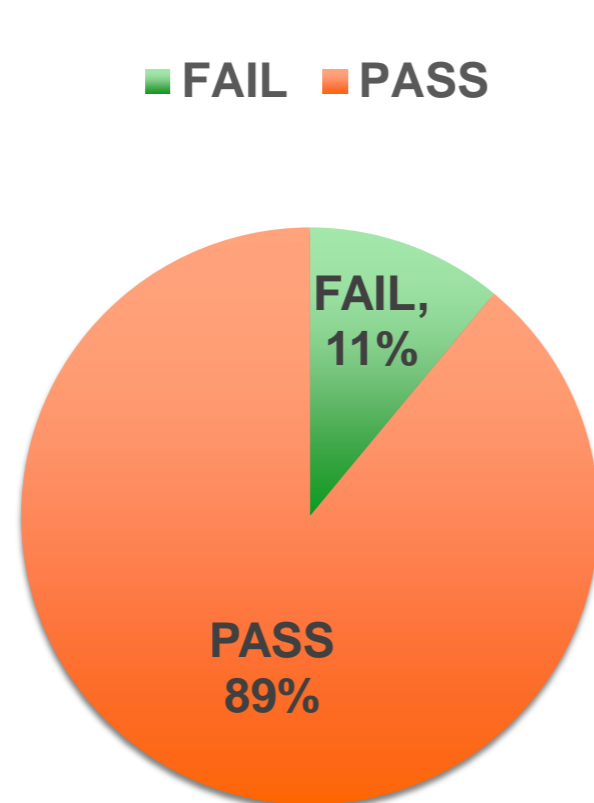
**CSA SOX IMG 2016 & 2017 n= 33(13%)**



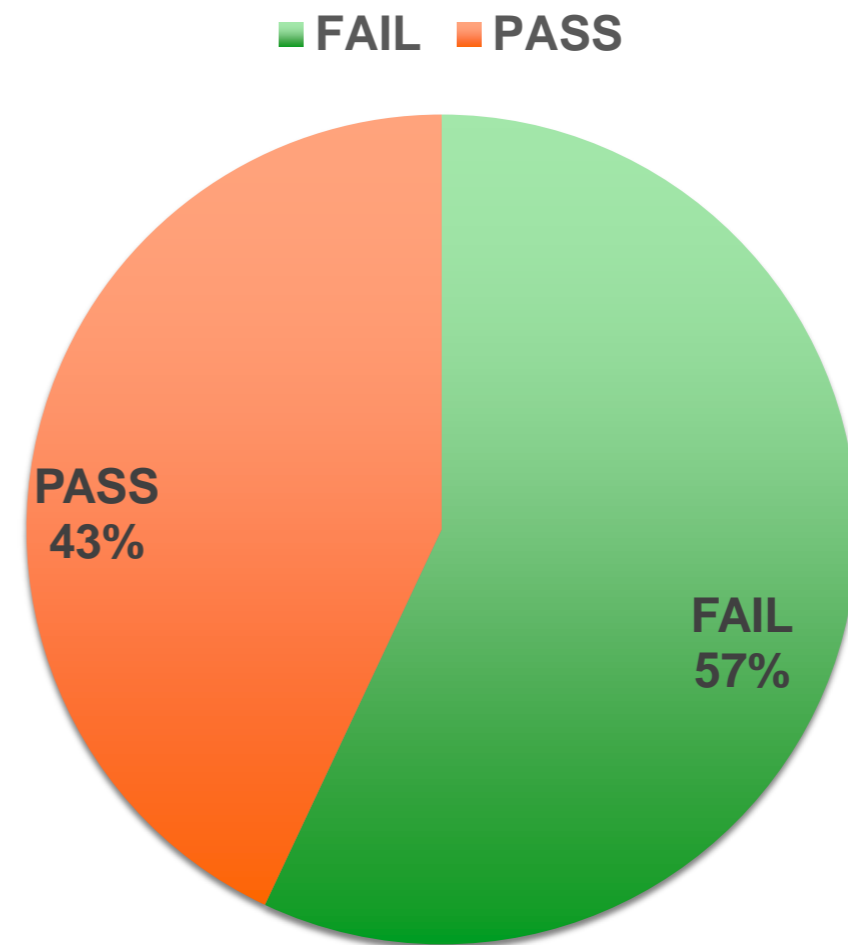
**\*National CSA 2016/17  
n=351**

\*National CSA MRCGP 2016/17 Annual report

# CSA SOX 3<sup>rd</sup> & 4<sup>th</sup> attempts UKG



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



**\*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**

# PRE-TUTORIAL WORK: Trainers

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***

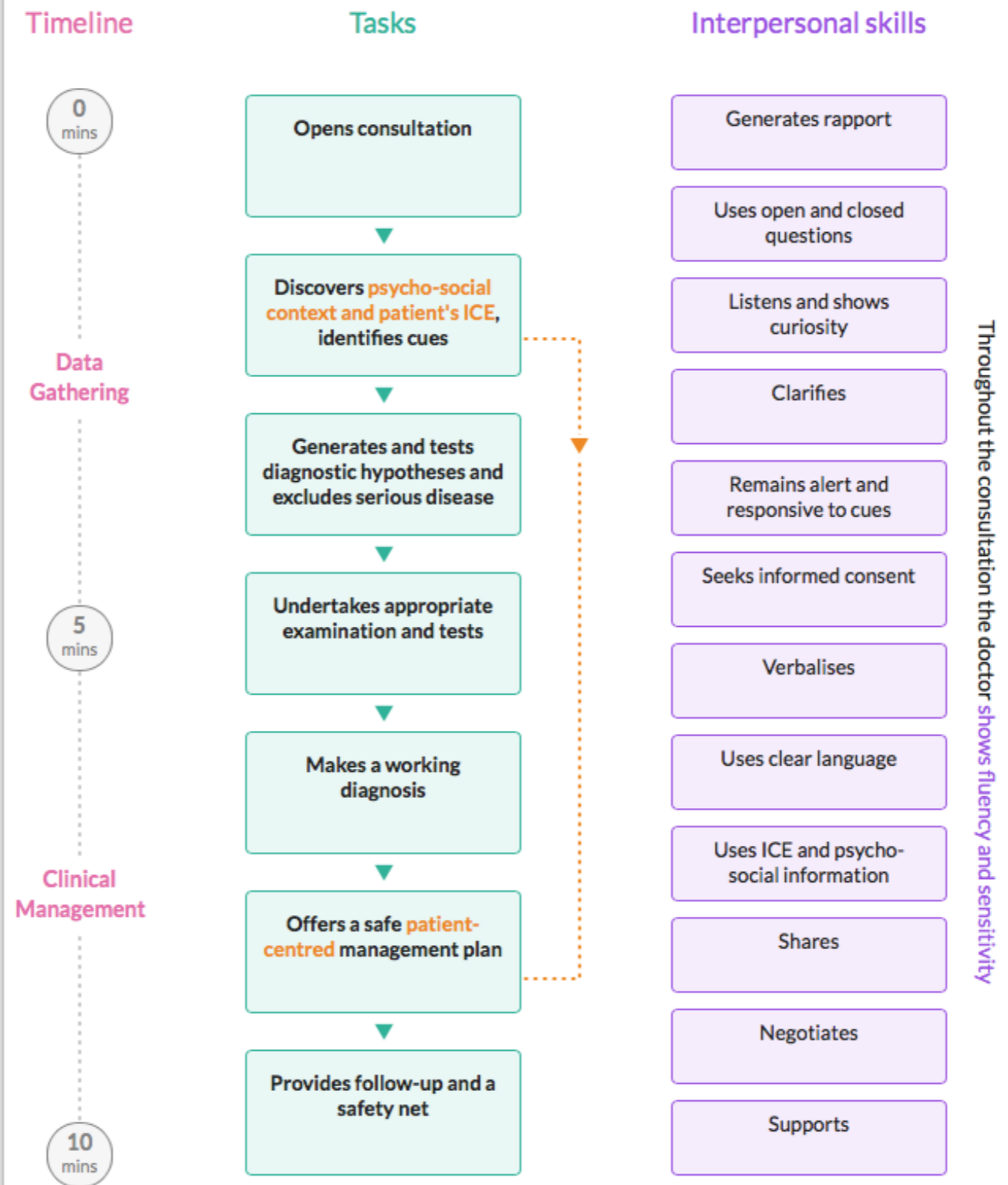
# Consulting like a GP

- 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**

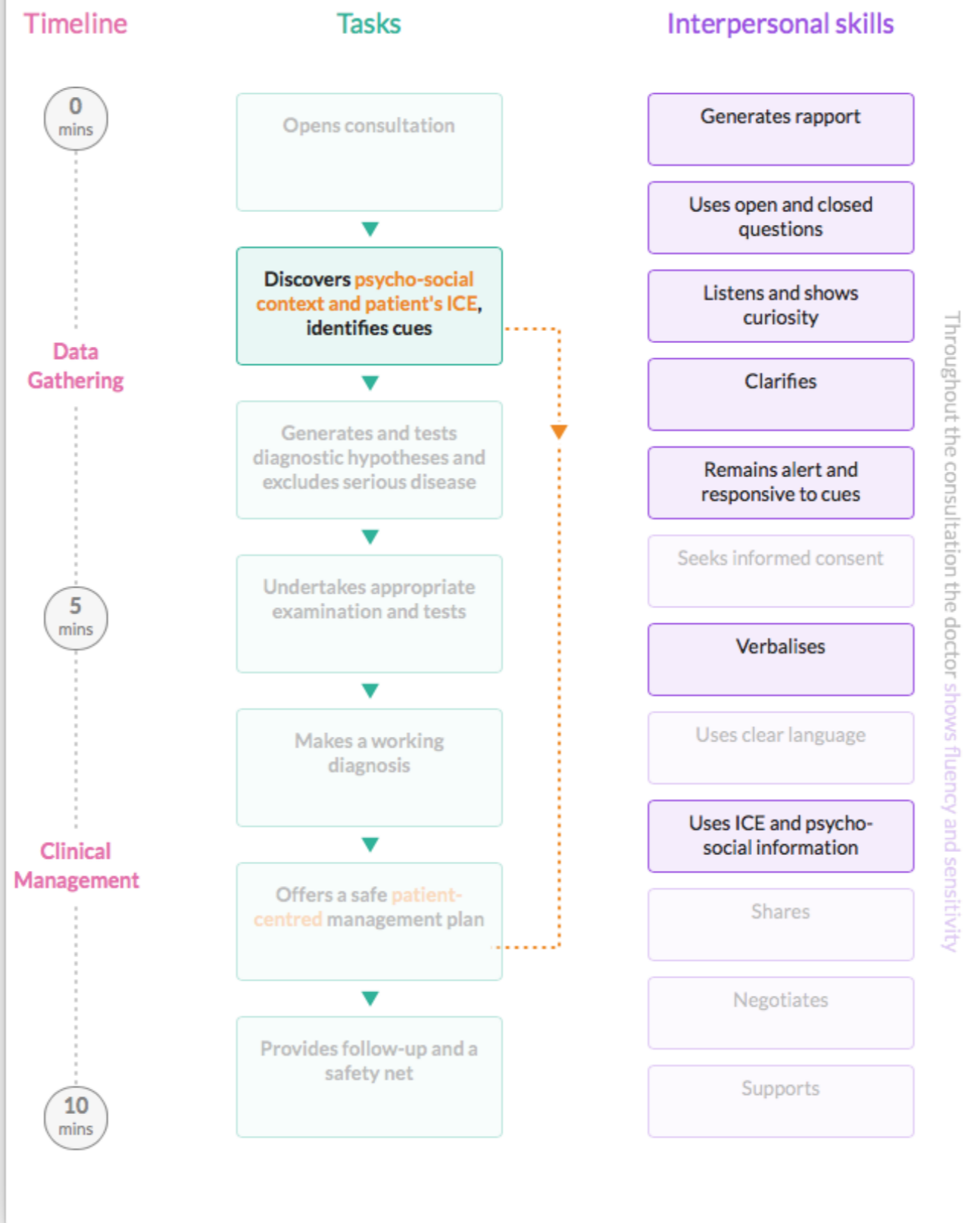
# The CSA Model-a walkthrough

- 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



# 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*

# 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 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*

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,**

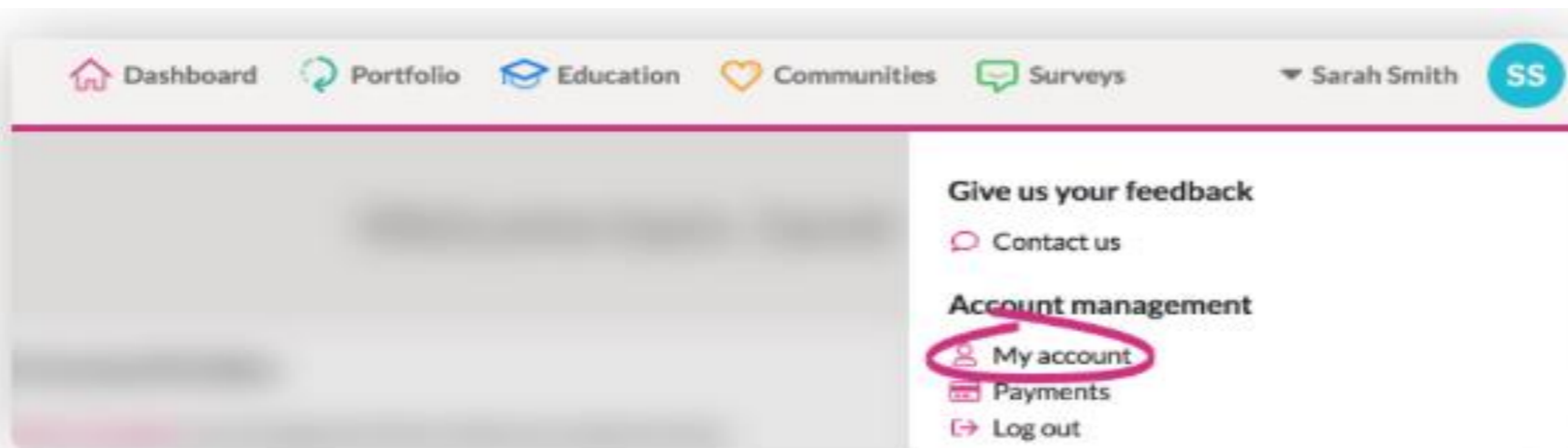
**\*\* *add trainer* to FourteenFish portfolio**

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

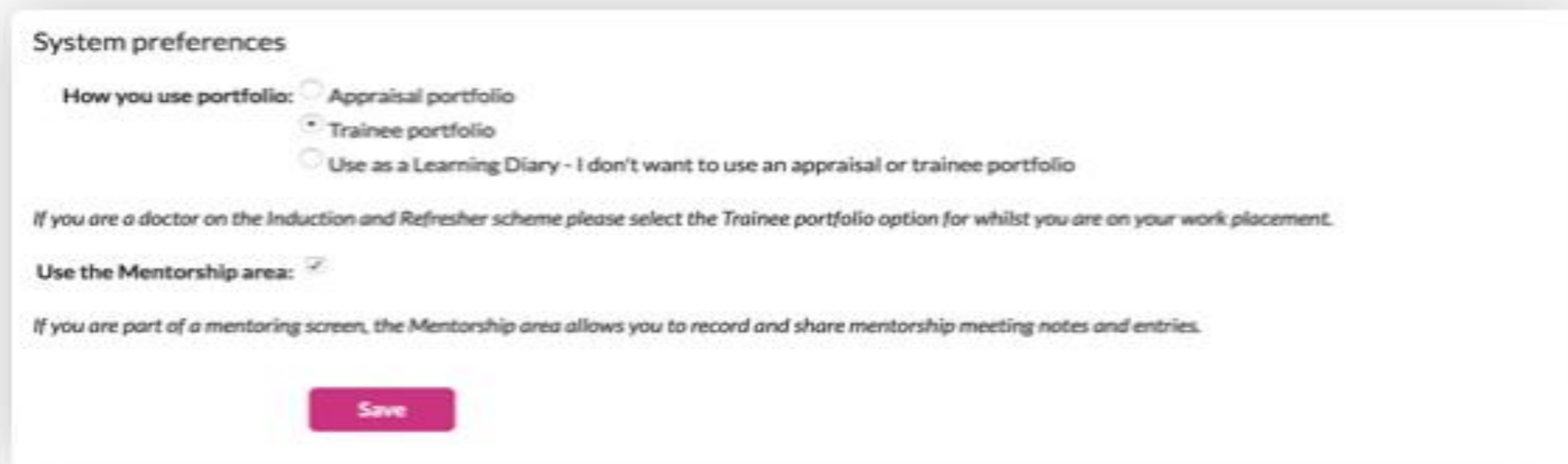
**Practise generating differential diagnoses** lists from '*symptoms*'

**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

### 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:

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

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# Recommended priorities

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# Log onto the **CSA Toolkit**

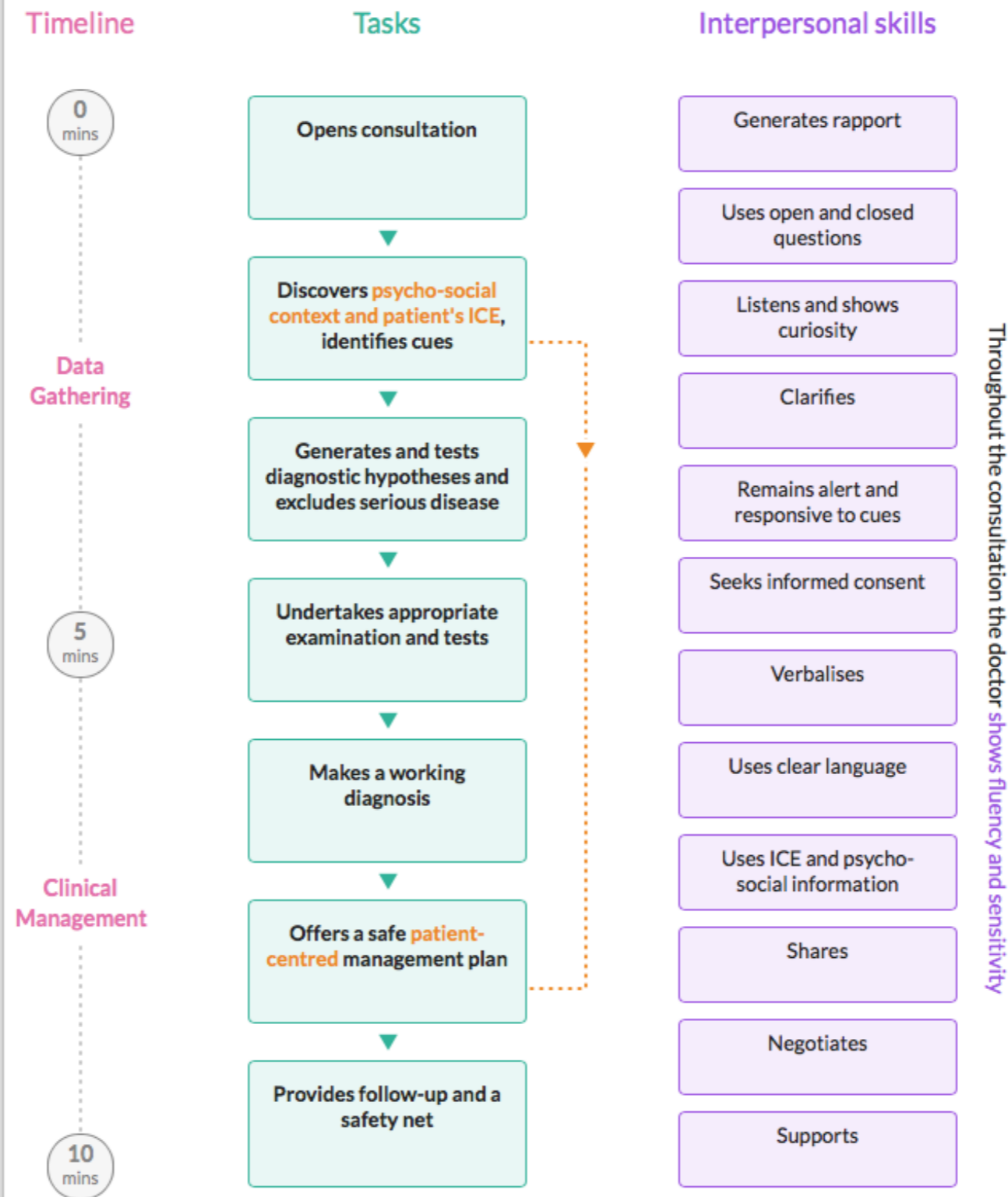
[Fourteenfish.com](http://Fourteenfish.com)

[annehawkrige@yahoo.co.uk](mailto:annehawkrige@yahoo.co.uk)

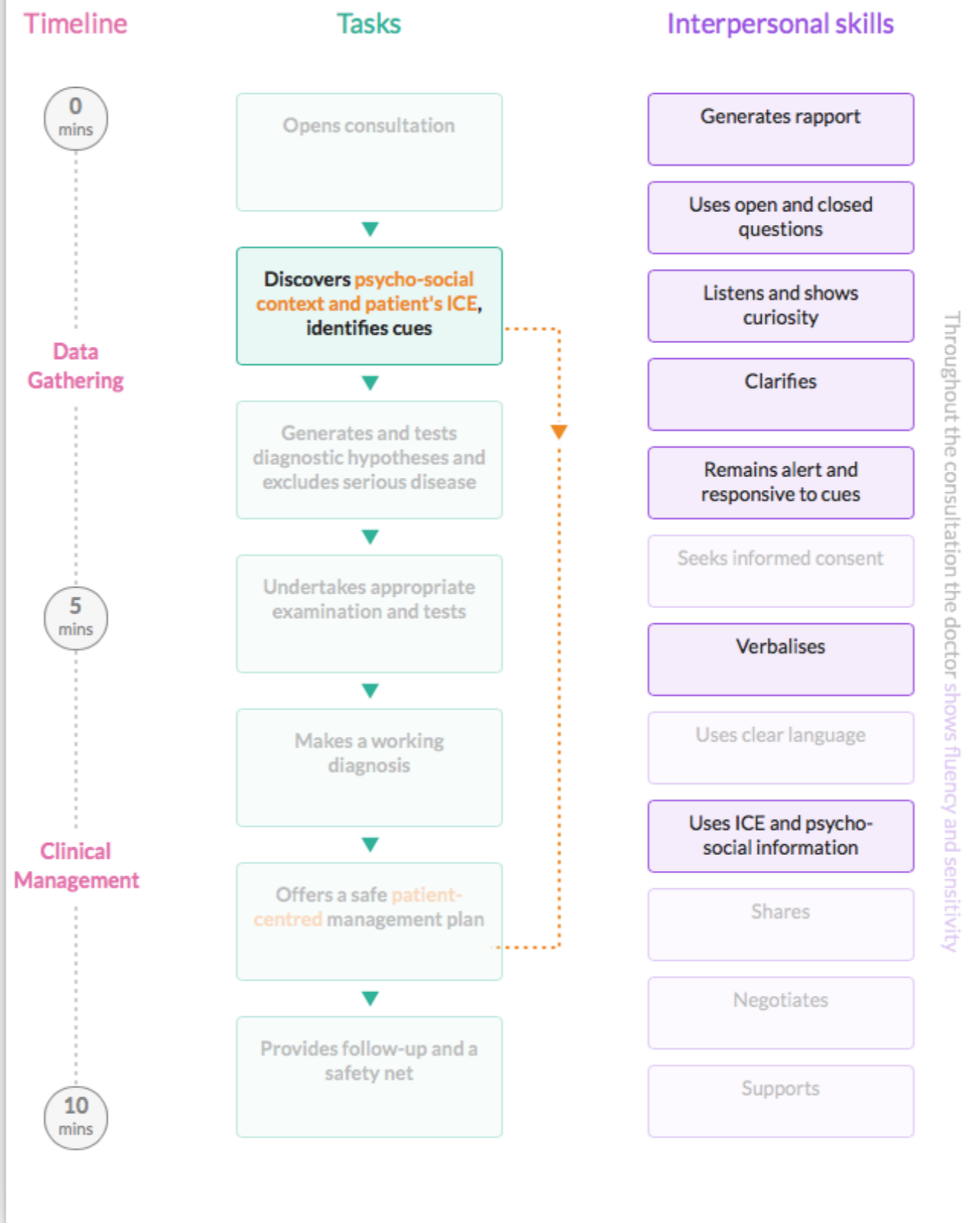
Cardiff2018

Bring up the **CSA Overview**

# Clinical Skills Assessment Overview



# Clinical Skills Assessment Overview



# 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

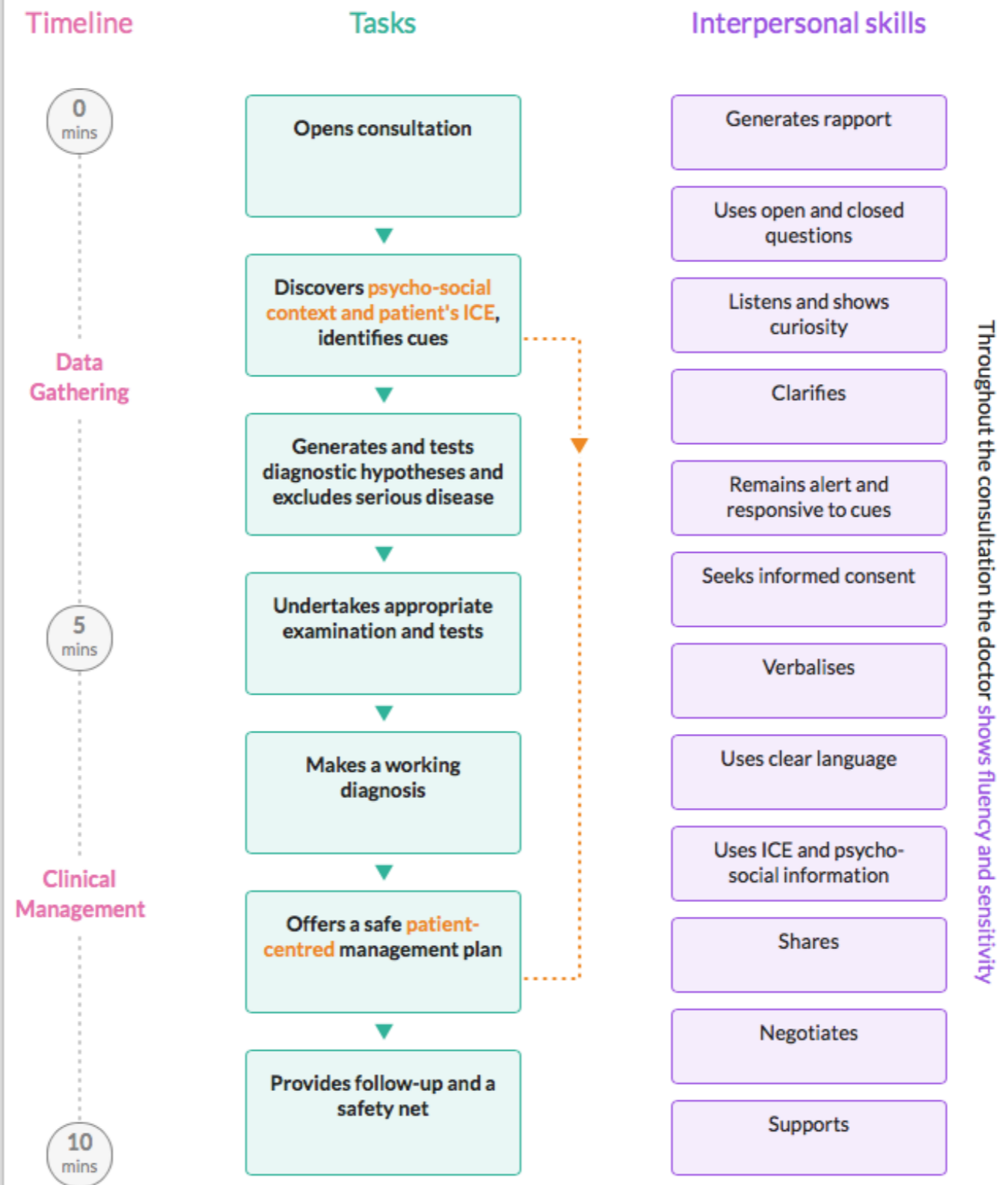
# Moving on to...

- **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





# 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 Focussed Tutorials to **integrate WPBA goals** with CSA/AKT preparation

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