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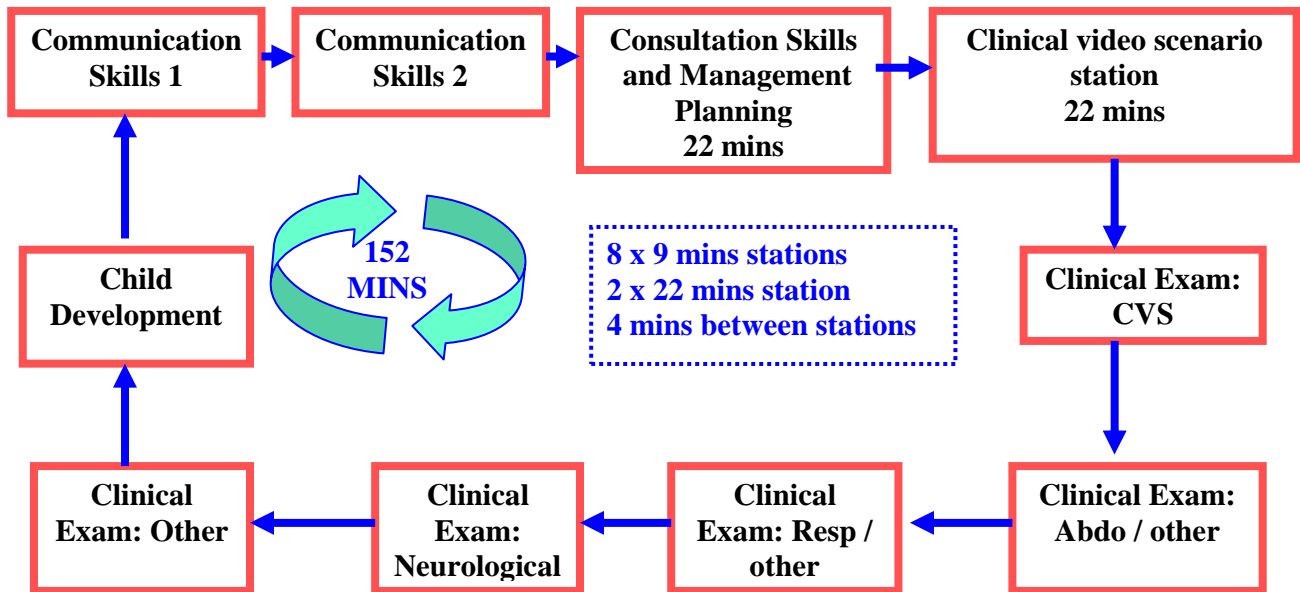
ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH



MRCPCH
CLINICAL EXAMINATION
from October 2004

HOST INFORMATION

THE EXAMINATION CIRCUIT



- 1 Examiner per station, none for clinical video scenario stations
- 10 Examiners for the circuit, 1 additional examiner for back up / quality assurance
- 12 candidates in each circuit

ADVANTAGES OF THE NEW FORMAT EXAMINATION

- 10 objective assessments of each candidate will increase reliability
- structured testing of communication and consultation skills
- 6 “short case” assessments, which were the most discriminating part of the previous MRCPCH Clinical Exam
- less time pressure on candidates and examiners
- acute paediatrics will be assessed for the first time
- candidates will be assessed by a different examiner at each clinical station
- 24 candidates can be examined each day
- reduced number of examination days per year for the MRCPCH exam
- examiners will be away from work for fewer days each year.

• **AIM OF THE EXAM**

The aim of the examination is to assess that candidates have reached the standard in clinical skills expected of a newly appointed Specialist Registrar. The examiners should ask themselves “would you be happy to have this candidate tomorrow as your new Specialist Registrar”.

Candidates are expected to demonstrate proficiency in:

- History taking and consultation skills;
- Physical examination;
- Child development;
- Communication;
- Establishing rapport with both parents and children;
- Demonstrating professional behaviour;
- Recognition of acute illness;
- Knowledge of child health;
- Clinical judgement and management planning;
- Organisation of thoughts and actions;
- Ethical practice

COMPONENTS OF THE CLINICAL EXAMINATION

Stations 1 & 2: Communication Skills stations – 2 x 9 minutes

This may be with a [parent and/or patient/child, health care professional or member of the public](#). [The Subject may be real or simulated](#). The communication may be by telephone.

The task may include breaking bad news, ethics, teaching and explanation, consent, counselling or professional behaviour.

Candidates will be provided with written information about their role, clinical background and the task required. They will not be required to examine [any](#) patient; relevant information including growth charts and results of investigations may be provided if relevant.

The encounter should be focussed on the specified task; candidates will be penalised for asking irrelevant questions or providing superfluous information. The station is designed to test communication skills, and candidates will be marked on these skills, and not on the amount of information they convey, recognising that in some scenarios more time might be needed in the normal clinical situation.

There will be one examiner at each station, who will only observe the encounter.

Station 3: Consultation Skills and Management Planning – 1 x 22 minutes

A focussed consultation with a patient and/or [parent](#). The station may involve consultation with a simulated patient and/or [parent](#), health care professional or member of the public.

The candidate will be expected to be able to summarise and identify key issues and formulate a management plan.

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Candidates will be provided with written information about their role, clinical background and the task required. There will be instructions stating if the consultation is only to take a history or a complete consultation including informing the patient of their diagnosis or differential diagnosis and management plan.

They will not be required to examine the patient; relevant information including growth charts and results of investigations may be provided.

The first 13 minutes is spent in interaction with the patient, observed by the examiner. There will be a short break for reflection, during which the patient will leave, followed by 9 minutes with the examiner. This 9 minutes will be used for a structured discussion on the history and management, planned in advance by the host and approved in advance by several examiners.

If the candidate has reached the end of the interview in less than 13 minutes, the examiner will check that the candidate has finished and will wait until the 13 minutes has passed before continuing with the exam.

The encounter should be focussed on the specified task; candidates will be penalised for asking irrelevant questions or providing superfluous information.

Station 4: Clinical video scenarios – 1 x 22 minutes

Several clinical case scenarios including video clips will be shown depicting acute clinical situations or signs which cannot readily be replicated elsewhere in the examination. The videos will be shown on computer.

There will be several written questions about the video; they will be in a “best of 5” or “best of many” format [and will be completed on computer](#).

Two candidates will be assessed during each 22 minutes

Stations 5, 6, 7, 8, 9. Clinical Examination - 5 stations x 9 minutes each

Candidates will be asked to examine 1 child at each station and identify clinical signs.

A brief introduction about the patient and the task required will be provided for the candidate, either written or verbally by the examiner.

There will be a separate examiner for each station and candidates will only see 1 patient at each station.

Details about what is expected of candidates when performing clinical examination of children is available on the RCPCH website. (www.rcpch.ac.uk/publications/examinations_documents.html)

Station 10: Child development – clinical assessment – 1 x 9 minutes

Candidates will be asked to assess a specified aspect of a child’s development. The children preferably should have a developmental abnormality but may occasionally have normal development. Children will have a developmental age of less than 5 years.

The candidate will be informed whether or not they can ask the parent for information about the child’s development, age or history.

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Suitable toys and other equipment will be provided and the candidates will be asked not to bring their own toys to prevent problems with safety.

Details about what is expected of candidates when performing the clinical assessment of child development is provided in this document and the RCPCH website (www.rcpch.ac.uk/exams)
Formal psychometric testing will not be required.

MARKING OF CLINICAL STATIONS

Before any station is attempted, several examiners will have seen the patient and agreed between them what a candidate needs to achieve in order to pass. In order to achieve this, all patients will have to arrive at least 60 minutes prior to the start of the clinical circuit. Examiners will be allocated to two stations and must see all the cases for these stations independently (ie on their own) within 30 minutes. The examiners will then gather for 20 minutes to agree about the stations and on pass/fail criteria. For clinical stations they need to agree on which signs are present, which should be found by the candidates and which could be missed without having to fail the station. Any disagreements will be settled by the senior examiner who will make the final decision. The examiners will also agree on the introduction to the clinical cases for the candidates.

Two to three patients will usually be required for each station, to be used in rotation. They do not have to have identical clinical problems or signs but, as now, they should be the sort of patients who are not appropriate to the level and aims of the exam – we are not examining to find the best candidates but examining to determine a level of competence at which candidates can pass. Rare syndromes do not usually make good cases – “spots” are best tested in written part 2.

For the communication and consultation skills stations, the examiners will be guided by the information provided by the host examiner. These scenarios should be submitted to the Examinations Department at the RCPCH at least 6 weeks prior to the examination. They must be kept confidential. Example scenarios will be developed to guide hosts and some of these will be published on the web to also guide the candidates as to what they are likely to face. Each scenario will contain guidelines for marking, but will not contain scoring items.

The examiner’s final judgement of the candidate will be an overall global rating; it does not depend on a single item, unless the item is so critical that it really would be unwise for us to pass the candidate - an essential item or hanging offence.

Although stations are directed towards particular tasks, the global score at all stations will include, to a greater or lesser extent depending on the station, assessment of communication, knowledge, professional behaviour, rapport with both parents and children, clinical judgement and management planning and organisation of thoughts and actions, as well as physical examination skills when performed.

Examiners comments and notes are very important. This continues to be essential for feedback to the failing candidate. In the new exam individual examiners will not know how well a candidate is performing. Notes on every candidates performance is therefore mandatory. It is also an essential audit tool for assessment of our new Clinical Examination.

HOW DOES OUR NEW EXAM DIFFER FROM UNDERGRADUATE OSCE’S?

- i) In many OSCE’s, marks are awarded for each task performed, according to a checklist. Our exam requires not only correct process, but also the ability to identify problems or signs and the integration of these findings.
- ii) The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

DETAILS ABOUT THE STATIONS

Stations 1 &2 - Communication Skills and Ethics

For each of these stations, 3 sets of instructions should be created by the host examiner, 1 for the candidate, 1 for the patient / subject and 1 for the examiner.

The instructions for candidates should be prominently displayed outside the examination room in order that they are read and understood before the examination commences. We recommend presenting these in plastic wallets. The candidate will be instructed to perform a specific communication task.

The instructions for the patient / subject should include all aspects of relevant information and history that relate to the case. The patient / subject should be guided as what level of knowledge they should expect to exhibit and consideration should be given as to how they might react if certain aspects are touched upon within the scenario.

Before the examination commences, the host examiner should review these instructions with the patient / subject. The station examiner should discuss with the patient / subject what he/she would expect to hear from a candidate and go over with how the patient / subject should “perform.” The patient / subject should be given some understanding of what a poor candidate might say and be aware that such instances may occur and that wrong information might be imparted – they should not rely on what is said to them by the candidates.

Preparation of the patient / subject should be comprehensive. It is not reasonable for the candidates to have a different experience as the exam goes on and the patient / subject becomes familiar with the issues involved. Preparation may require communication or rehearsal before the day of the examination.

The station examiner should be given all sets of instructions and have read and understood them. The instructions should clearly state the aspect of communication to be tested and give some indication as to how a good candidate would perform in this station.

The examiner should then discuss the station with the co-examiner from the other communication station in order that both can set the standards for candidate performance to be judged against.

In the Appendix you will find templates for candidate, patient / subject and examiner instructions.

Station 3: Consultation Skills and Management planning

This station will be set up in the same manner as for Station 1 & 2: Communication Skills and Ethics.

The templates are included in the Appendix.

Station 4: Clinical Video Scenarios

6 - 8 case scenarios will be presented including video clips of acute conditions or signs which cannot be shown or tested in other parts of the examination. The emphasis will be on general paediatrics and neonatal medicine and assessment of the child who presents acutely. Candidates will watch the video and make an assessment of clinical signs, illness severity, immediate management or treatment. The video clips are accompanied by high quality sound recordings.

Cases may include acute problems such as respiratory distress, seizures, severe illness. There may be testing signs found on clinical examination (eg cardiac murmurs or abnormal gaits).

The material will be presented on computer.

There will be a number of questions relating to each scenario which will be “best of 5” or “best of many” format.

Stations 5, 6, 7, 8, & 9: Clinical Examination

It is necessary for the host examiner to carefully select children with important and clear clinical signs.

Please avoid selecting children with rare syndromes unless they have appropriate clinical signs, as spot diagnoses are tested elsewhere. Also do not select children with such severe disease, e.g. severe spastic quadriplegia, that a meaningful examination cannot be performed.

Allocate children according to the system to be examined:

- Station 5: Cardiovascular
- Station 6: Abdomen/other
- Station 7: Neurological/neurodisability
- Station 8: Respiratory/other
- Station 9: Other e.g. endocrine, locomotor, eyes, skin etc.

For station 6, try to identify children with suitable abdominal abnormalities; similarly for station 8, please aim for children with respiratory abnormalities. As we appreciate this may not always be possible, children with signs from another system can be substituted for these 2 stations.

We have warned candidates that children with abnormal signs in other systems may be used at any of these stations.

Occasionally, normal children may be used.

There should be a brief agreed instruction for the candidate identifying the task expected and key background information. This may be given to the candidate to read, or said by the examiner.

Station 10 Child Development

General Points:

- This is a 9 minute station
- The child should preferably have a mild to moderate developmental problem with or without a syndrome or neurological abnormality.
- The child should have a developmental age of less than 5 years.
- Where there is a syndrome or neurological abnormality, the aim of the station should NOT be to test the identification of dysmorphic features or abnormal neurological signs.
- As there is not enough time to carry out a full developmental assessment (except perhaps in a young baby), the examiners must decide which aspect of development they wish the candidate to assess. Where a candidate has done very well and has completed their assessment quickly or where the child has been fractious, further instructions can be given.
- The suggested toys and tools should be provided at the station. (see list)
- Candidates are not expected to perform psychometric testing. They should not use their own toys.

Standards

The candidate should be competent at assessing any area of development and should be able to decide whether the child should have further therapy or investigation, whether the child simply needs observation over time or whether the parent can be reassured. They should demonstrate such knowledge that you would expect from a first year registrar but not necessarily one who had worked in a child development centre.

Marking

The areas highlighted on the marking sheet should be taken into consideration. Additional remarks can be made. A *Bare Fail* would be a candidate who could not demonstrate that he/she could carry out a basic assessment. A *Pass* would be a candidate who could demonstrate the different assessment techniques and questions. An outstanding candidate (*Clear Pass*) would show quick and easy assessment using different strategies to hold the child's attention and would flow from one task to another showing that they have a systematic approach and interpret their findings accurately and with the correct ongoing management plan or referral.

EXAMPLES OF CHILDREN

This station should examine the candidate's ability to assess specifically requested areas in a child with a developmental problem.

What type of child?

This may be a child with a neurological problem or syndrome who is developmentally delayed, or it may be a child who has an abnormal pattern of development e.g. autistic spectrum disorder. Children with normal development should not be used if at all possible.

Preparation

The examiners need to decide what aspect/s of development they wish the candidate to examine. Information about the child needs to be given and specific instruction needs to be requested.

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Example 1.

This is a 4 year old boy with a right hemiplegia. Please assess his fine motor skills.

Tools should include the following:

12 X 1" blocks

scissors

colouring pencils and paper

small threading beads

picture book.

What is expected:

Assessment of building blocks skills 12 block tower or patterns of three steps using 6 blocks or more (9-10 blocks and can copy a 3 block pattern at age 3)

Can he cut paper? (age 3)

Can he draw a man with head, body, legs and arms?

Can he copy a X,V,H,T and O?

Can he lace small beads? (Large at 3)

How does he turn the pages of a book?

Example 2

3 year old girl with Down Syndrome. Please assess her speech and language development.

Tools should include objects and pictures

What is expected:

History from parent – first cooing, babbling, words concerns about hearing, ENT interventions

Assessment of concentration and attention

Assessment of object recognition and selection

Assessment of picture recognition and selection

Imitation of sounds and words

Words together – noun phrases and verb phrases

Example 3

4 year old child with autistic spectrum disorder whose sibling has ASD

please assess whether you think it is likely that this child has ASD

Tools should include a range of toys, ball and pretend play toys

What is expected:

Assessment of speech and language – history from mother

Assessment of interpersonal communication – does he point?, does he take mother to what he wants?, does he share the joy of toys?, how is his eye to eye contact, does he prefer to play on his own?, does he get emotional when his mother does?

Assessment of ritualistic or obsessive behaviour – does he like spinning objects, is he obsessional about particular things, is he rigidly ritualistic, does he dislike changes in routine?

Assessment of other traits – does he dislike crowded spaces, does he dislike loud noise?, does he dislike having his hair cut or washed?

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Observation: Eye to eye contact, how does he enjoy directed play?, does he bring his toys to share pleasure?

Example 4

3 year old child who has gross motor developmental delay. Please examine her gross motor skills.
Tools required: floor mat, stairs if possible, bench, chair, trike, ball, small trampoline if possible

What is expected:

Walking on feet, backwards and sideways, walking on toes and heels, standing on one foot, ride a tricycle using pedals, climb stairs with one foot to step, throw a ball overhand, catch a large ball with arms outstretched, kick a ball

Example 5

18 month old with developmental delay to approximately one year. Please assess fine motor skills
Tools required: small objects and toys – bricks, ball, doll, rattle, small picture book, in/out container, crayon/paper

What is expected:

Assessment of grasp – scissor or pincer grasp
Assessment of pointing – with index finger at objects of interest
Assessment of release of a small object into someone's hand
Assessment of crayon grasp and scribble
Assessment of turning of pages of a book
Build two brick tower (18 month old should be able to build 3 or more)

Reference:

A good reference is "Child Development. An illustrated guide by Carolyn Meggitt and Gerald Sunderland (ISBN 0-435-42056-9) Published by Heinemann Educational Publishers which outlines normal development at each key stage

In preparation for the exam a list of tasks should be made out according to what will be asked and what will be expected – this takes some foresight. Discussion around references for candidates – can they refer to Denver etc as they might do in a clinic?

Other important discussion about whether or not this child should be referred to a therapist, multidisciplinary team or be observed by their health visitor etc.

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PREPARATION FOR THE EXAM

The Host Examiner needs to:

- Liaise closely with the Examinations Department of the Royal College of Paediatrics and Child Health
- Notify examiners of travel and local accommodation
- Find a suitable venue for the exam

- **Prepare communication scenarios and consultation skills scenarios and send them to the RCPCH at least 6 weeks before the exam.** The scenarios should be in the format shown in this leaflet, with instructions for the candidate, examiner and patient. This will be checked at the College and returned to you. This is to ensure that
 - i) the nature of the scenario is suitable for a newly appointed SpR.
 - ii) the scenario or similar one has not been used recently.
 - iii) all the information required is included, including standard setting for the examiner.

- Identify suitable patients for the clinical and child development stations. Inform the parents exactly what is involved and how long they will be needed. Determine the number required according to the nature of the problem and age of the child.

- Provide written instructions for each communication and consultation station, typewritten in a large font. **It is necessary to have the facilities to be able to amend these instructions on the day of the examination.**

- If simulated patients are used, provide suitable briefing and training. For real patients, provide them with an explanation of the nature of the examination and what they are expected to do.

- Select two assistants to be in charge of each of the circuits. This is usually an SpR or staff grade person. Identify enough helpers to ensure that the exam runs smoothly.

- For the computer video stations, identify a suitable room with 2 desks/tables, electric power and arranged to avoid sunlight and candidates seeing each others screens. Laptops will be provided by the RCPCH. A helper will need to be available to assist and monitor candidates.

Please keep the RCPCH [Examinations Department](#) fully informed about any possible problems and confirm receipt of important documents, preferably by e-mail.

If any of the candidates have special needs or disabilities you will be informed about this in advance.

After the exam, please send copies of the communication and consultation skills scenarios as used in the exam to the College together with the standard setting used in the exam.

RELATIONSHIP WITH TRUST

Please ensure agreement by the Chief Executive or Senior Manager of the Trust to holding the Examination. Also thank them afterwards on behalf of the College.

FINANCE

Financial information will be sent separately to the Host Examiner.

SELECTION OF CASES

- 1 All scenarios and cases must be geared to the capability of a newly appointed SpR or about to enter higher specialist training.
- 2 The communication scenario will often involve a simulated patient but may involve an older child or adolescent. The scenario must be something one would expect a newly appointed SpR to be able to do.
- 3 The consultation and management station will usually involve a parent and child. These are likely to be similar to the children used as long cases in the past. The task required of the candidate must be identified, but should be sufficiently complex to allow the candidate to show their ability in performing a consultation and formulating a management plan.
- 4 For both of the above stations highly emotionally charged scenarios or overly difficult patients should be avoided.
- 5 For the clinical examination stations, children should have signs suitable for a newly appointed SpR. Rare syndromes or spot diagnoses are unsuitable and should be avoided.
- 6 The number of patients required needs to be tailored according to the age and cooperation of the child and parent. During each circuit there are 12 candidates so sufficient patients are required to avoid them becoming overtired or uncooperative from over-use.
- 7 All the patients needs to be seen by the examiners before the start of the circuit to allow standard setting to take place.
- 8 Scenarios and patients should preferably be used only for one cycle, i.e., either the morning or the afternoon circuit.

QUALITY ASSURANCE

An important difference between this exam and the current exam is that there is only 1 examiner at each clinical encounter. This has the advantage of allowing more stations and the candidate will feel that they are able to start afresh at each station.

Candidates will not fail on the basis of a single encounter (unless there is unprofessional behaviour of sufficient severity), but will be marked on an accumulation of marks.

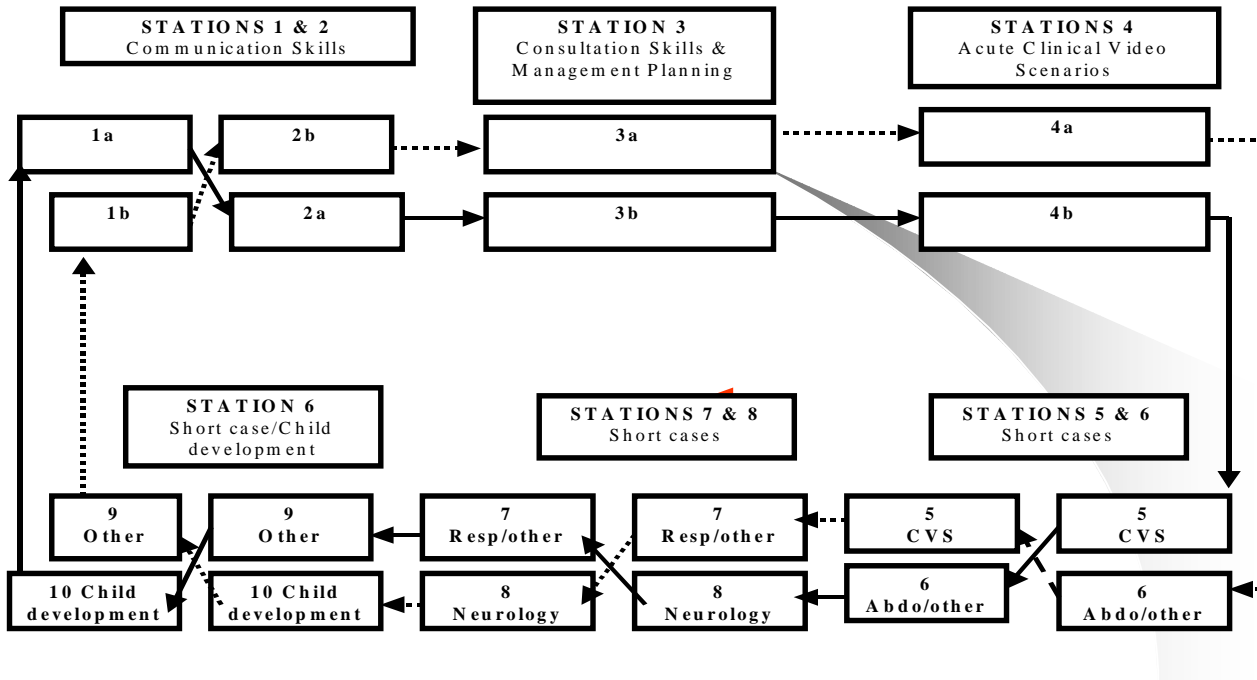
In order to check on the reliability of the conduct and marking of exams the following steps will be taken:

- The 11th examiner, will observe several stations per day.
- Each examiner is asked to examine at least once per two years to maintain consistency.
- Analysis of examiners marks will be made to identify anomalous marking behaviour. This can be done within each examination and across time by accumulating marks given by each examiner every time they examine. The mark will be adjusted taking into account the marks given at the other stations.
- In preference, examiners will NOT examine at stations relating to the subspecialty within which they work.
- We may request that some stations at some centres are videoed. This will be used only to check on examiner reliability and for examiner training. The video will be of the examiner and patient and not of the candidate. When used for training we will check that the candidate cannot be identified. Videos will not be available for use over disputed marking or conduct of the exam. Signed consent will be obtained from the patients/parents etc before this is done.
- Examiner training will be undertaken.

ORGANISATION OF CIRCUITS

The most efficient way to run the exam is to have a dual-circuit running concurrently. Candidates are organised in pairs. Two candidates swap over after 9 minutes in the communications skills, then each taking the video station at the same time over 2 mins, before going into parallel consultation stations. Each circuit will accommodate 12 candidates. There will normally be 2 circuits per day allowing for 24 candidates to be examined.

It is crucial that stations are clearly marked and candidates and examiners have details of exactly where they have to go and the time of each change over.



ALTERNATIVE CIRCUIT

There is an alternative ways of running the circuit which has minimal space requirements.

It is possible to run in the morning only for 12 candidates:

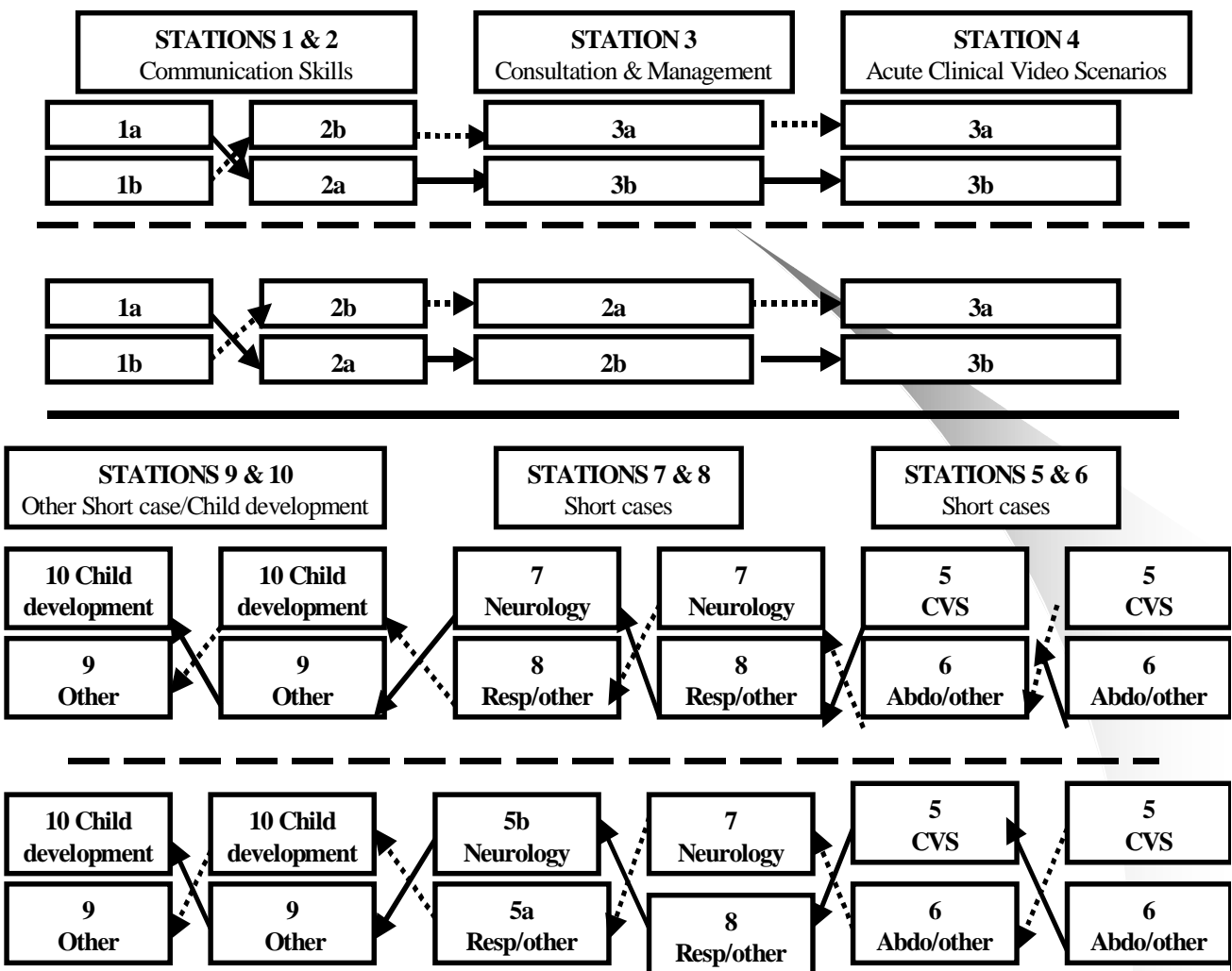
- Stations 1 & 2 – Communication skills/Ethics
- Stations 3 - Consultation skills and management planning
- Station 4 - Clinical case scenarios (video)

And then repeat this circuit, avoiding communication between candidates

This is followed in the afternoon:

- Station 5 & 6 - Clinical examination (CVS – 5, Abdomen/other – 6)
- Stations 7 & 8 - Clinical examination (Neurology – 7, Respiratory/other – 8)
- Stations 9 & 10 - Clinical examination (Other – 9) and Child development (10)

Again this repeats to allow you to have completed the examinations for 12 candidates.



MARKING SCHEME AND THE PASS MARK

At the end of each **station** the examiner will make an overall judgement as to whether or not the candidate's performance was:

- Clear Pass
- Pass
- Bare Fail
- Fail
- Unacceptable

The following marks will be awarded for each of the **overall** station judgements:

Clear Pass	Pass	Bare Fail	Fail	Unacceptable
4	3	2	1	0

- A similar scale of marks will be awarded for the Clinical Case Scenarios (videos).
- There will be a total of 10 judgements.
- It is anticipated that candidates will require a total of 30 marks to pass.
- Candidates will fail if:
 - i) They do not obtain a total of 30 marks
 - ii) They have 3 or more Bare Fails, or 2 or more Fails, or 1 Unacceptable
 - iii) Their behaviour is unprofessional, when, under these exceptional circumstances, candidates may be stopped from continuing with the examination.

SPACE, EQUIPMENT AND PATIENT REQUIREMENTS FOR HOSTING THE CLINICAL EXAM

General points

Each station needs to be clearly labelled. [To clearly differentiate between different sections of the same station \(e.g. Communications Skills\), we recommend all such stations are colour coded.](#)

Each candidate needs to be given a card outlining the circuit to be followed.

Each examiner needs a list of the candidates, with times, that they are to examine.

Outside each station, a chair is needed for the candidate to sit. It needs to be clearly labelled. For the communication and consultation stations, there also needs to be copies of the instruction sheet for the candidates to read. Candidates will also be grateful for some water to drink to be available outside some of the stations.

Have sterile wipes, hand cleansing gel or hand washing facilities available for use before candidates or examiners examine patients.

As the examiners may well want to alter the candidate instruction sheets, have them on computer with printer nearby.

Have available - paper and pencils for notes and pencil sharpeners

The number of patients required for a station will depend on the nature of the encounter and age and temperament of the child. There are 12 candidates for each circuit, so each substation is likely to need 2 – 3 patients, but 4 may be needed for a toddler or active child is being examined.

Children will need toys to be kept amused and busy. Please ensure they are age appropriate. Also consider drinks, food and toilets.

Please ensure that there are clocks in each room/patient area clearly visible to both examiner and candidate. It is also helpful for each examiner to have a digital timer clock

All children, parents and simulated patients need to be seen by the examiners before the exam for standard setting. They therefore need to be available sufficiently early before commencement of the exam.

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General space requirements	<p>Waiting room for candidates with food and drinks and nearby toilets.</p> <p>Waiting room for patients and simulated patients for the Communication stations and Consultation Skills and Management Planning stations with food and drinks and nearby toilets.</p> <p>Area for “reserve” patients and parents to rest, play and eat.</p> <p>Waiting room for examiners and helpers with drinks and biscuits</p>
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Station 1 & 2: Communication stations

Space	<p>2 rooms near each other Chairs for candidate, examiner, patient +/- child or simulated patient Examiner should be out of candidates' line of vision. If a child is present, toys etc</p>
Equipment	<p>Candidate instruction sheet on chair outside Examiner instruction sheet Patient/simulated patient instruction sheet Clipboard for examiner for writing Box or tray for marksheets</p>
Patients	<p>2 – 3 patients/simulated patients</p>

Station 3: Consultation Skills and Management Planning

Space	<p>2 rooms near each other Chairs for candidate, examiner, patient +/- child or simulated patient Examiner should be out of candidates' line of vision. If a child is present, toys etc</p>
Equipment	<p>Candidate instruction sheet on chair outside Examiner instruction sheet Patient/simulated patient instruction sheet Clipboard for examiner for writing Box or tray for marksheets</p>
Patients	<p>2 – 4 patients/simulated patients</p>

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Station 4: Clinical case video scenarios

Space	1 or 2 rooms
Equipment	2 x desks or table with power points. Shielded from glare on screens. Security for laptops.

Stations 5, 6, 7, 8 & 9: Clinical Examination and Station 10: Child development

Space	Group each pair of stations so that candidates can easily go from one station to the other e.g. subdivide a 4 bedded bay with screens
Equipment	Candidate instruction sheet on chair outside if used Examiner instruction sheet Patient/simulated patient instruction sheet for child development station Clipboard for examiner for writing Mediwipes or hand gel or hand basin Box or tray for marksheets Medical equipment – stethoscopes, tape measure, torch, neurological tray (tendon hammer, cotton wool, non-penetrating disposable sharps (e.g. neurotips), tongue depressor, ophthalmoscope etc
Equipment for child development station	Rattles and small toys for young babies Torch Bell Teddys and brightly coloured toys Musical toy Mirror Picture books with easy to turn pages At least 12 1” cubes Small plastic balls Blanket to hide toys under Banging toys e.g.drum Empty boxes Stacking and nesting toys Crayons Colouring pencils Pencils Paper Pretend toys – doll, teddy, cup, spoon, plate, hairbrush, comb Different sized threading beads with laces Car, lorry, horse, pig, sheep, toy telephone Inset boards Posting box toys Small table and chair Pop-up toys Scissors

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	Large ball for throwing and catching Tricycle Matching cards Plain coloured objects for matching Jigsaws Large eyed needle and thread Duplo building bricks
Patients	2 – 4 per station depending on age and temperament

Conduct of the Examination

- 1 There will need to be **at least** one supervisor or timekeeper for each of the two parallel circuits and sufficient helpers to be able to ensure that candidates rapidly find the next station and changes of patients occur smoothly.
- 2 There will be a bell at the beginning and end of each 22-minute *section (i.e. for one 22-minute station, and two 9-minute linked stations plus 4 minute break)*. In addition for those stations lasting nine minutes the examiner will be informed when this is completed and the candidate needs to move on (*e.g. by knocking on the door*). The timekeepers should also notify the Examiners of the two consultation skills station when 13 minutes have passed and the patient is due to leave. It is best that these times are signalled by a knock on the door rather than a bell as the latter would be confusing to other candidates. Within each station there should be a clock readily visible to both the candidate and examiner.
- 3 Patients should be informed that they can answer all candidates questions accurately, unless instructed otherwise within the context of a scenario. They should not withhold information but should also not volunteer information that has not been asked for by the candidate.
- 4 It is important that for the scenarios the candidates are as consistent as possible throughout the examination.
- 5 For the clinical examination stations, candidates should be asked to complete the physical examination by about 7 minutes, asked to summarise their findings and then proceed to provide a differential diagnosis or diagnosis and discuss investigation and/or management as appropriate.
- 6 Ensure that candidates clean or wash their hands before examining any patient.**
- 7 Please ensure that everyone is polite and helpful to candidates as they are often anxious and stressed.

INSTRUCTIONS FOR EXAM ORGANISER (Usually SpR or equivalent)

- 1 Ensure the exam location is well signposted.
- 2 Check the identification of each candidate against a photograph on an official document, eg passport or identity card and their corresponding examination number. For candidates wearing a veil, please arrange for identity to be checked by a woman, paying attention to cultural sensitivities.
- 3 Welcome and be encouraging to candidates.
- 4 Provide drinks and refreshments and let them know the location of a nearby toilet.
- 5 Explain the circuit. Give them a card showing where in the circuit they start with a list of each station in the circuit they should follow. Colour coding and other visual aids are helpful.
- 6 Candidates should be given a set of mark-sheets. The centre number should be entered on them before the examination. The candidates should fill in their name and number on each mark-sheet. Please provide 2B pencils for this.
- 7 Inform candidates that they should hand the relevant mark-sheet to the examiner on entering each station.
- 8 Remind candidates that there will be an instruction sheet by or on the chair outside each station which they should read before starting the station.
- 9 Reassure candidates that every station is marked separately so if one station does not go as well as they would have liked they can start the next station afresh.
- 10 Please answer any queries, be reassuring and wish them good luck.
- 11 Ensure that the candidate is outside the first station five minutes before the start of the examination.
- 12 Do not underestimate the importance to candidates of being well treated by the staff at the Examination Centre. It really makes a huge difference to them, as evidenced from candidate feedback.
- 13 Remind candidates that they should not communicate with other candidates involved in the same circuit.

INSTRUCTIONS FOR CANDIDATES

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Please allow plenty of time to reach the clinical examination centre. Trains do not always run and cars can break down. We suggest you arrive nearby if your examination begins the next morning. Once the circuit starts, it will be almost impossible to let you catch up if you are late – although we will always do our best to do so. We will not allow your late arrival to affect the performance of other candidates.

Remember, we are not examining to find outstanding candidates. We are looking for candidates who meet the standard required for success. The standard is clear. We require successful candidates to demonstrate that they can perform at the level expected of a new, competent Specialist Registrar entering specialist training. We do not try to trick candidates but look to see how you are likely to perform when going about your usual work.

Please bring with you your own stethoscope, which must be wiped with alcohol between patients. Do not bring equipment or toys for developmental assessment as these will be supplied for you.

You will be given a station at which to start and will be taken there.

Complete and sign all 10 of your marksheets and put them in the order in which you will hand them to your examiners – you will leave the relevant marksheet at each station as you go around the circuit.

READ VERY CAREFULLY any instructions given to you at the start of the station. There will be time to read this and you must use the time profitably. Finish reading instructions even if the bell announcing the start of the station rings – you will be unlikely to be able to perform at the station without knowing the instructions.

Please clean your hands between each clinical station. Performing this function is part of being a successful candidate.

You will normally meet each examiner once only but might, in centres outside the UK centres, meet a UK examiner twice. In addition, an extra examiner may be present to monitor examiner performance to check that the exam is fair and consistent.

You may come across a station where videoing is in progress: this is for examiner training and for performance checking of examiners. The video is not used for candidate marking.

You may also come across observers. These individuals may be examiners in training or may be others such as clinical tutors who need to better understand the examination in order to help their trainees.

Please do not communicate with other candidates on the same examination circuit.

When you have finished, please remember to collect your belongings before you leave.

APPENDIX

STATIONS 1 & 2 - COMMUNICATION SKILLS AND ETHICS

CANDIDATE INFORMATION

i) This station assesses your ability to: (e.g explain a medical problem to a 12 year old child)

This is a 9-minute station consisting of spoken interaction. You will have up to 2 minutes before the start of the station to read this sheet and prepare yourself. You may make notes on the paper provided.

When the bell sounds you will be invited into the examination room. Please take this instruction sheet with you. The examiner will not ask questions during the 9 minutes but will warn you when you have approximately 2 minutes left.

You are not required to examine a patient.

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

The encounter should be focussed on this task; candidates will be penalised for asking irrelevant questions or providing superfluous information. You will be marked on your ability to communicate, not the speed with which you convey information. You may not have time to complete the communication.

Background information:

Any other information:

EXAMINER INFORMATION (Page 1)

Date..... Time am/pm Scenario No.....

This is a 9-minute station consisting of spoken interaction between the candidate and the role-player. You should remind the candidate when 2 minutes remain, otherwise you should remain silent during the examination time.

Real/simulated Patient Name:

Child: Age..... M/F

INFORMATION GIVEN TO CANDIDATE

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

The encounter should be focussed on this task; candidates will be penalised for asking irrelevant questions or providing superfluous information.

Background information:

Any other information:

ANY ADDITIONAL INFORMATION FOR EXAMINERS

Background information:

STANDARD SETTING

What a candidate should achieve in order to pass:

	Specific achievements to pass
1. Conduct of interview <i>Introduces</i> self and <i>clarifies</i> role Agrees the <i>agenda</i> for the consultation Uses appropriate <i>non-verbal skills</i> – eye contact, posture, etc Is <i>empathetic</i> and <i>supportive</i> , shows respect and is non-judgemental <i>Listens attentively</i> with verbal/non-verbal <i>facilitation</i> Uses appropriate <i>questioning techniques</i> , with balance of open and closed questions <i>Explores</i> ideas, concerns, expectations, feelings Picks up and responds to <i>verbal / non-verbal cues</i> Tailors amount and type of information – <i>clear</i> and <i>jargon free</i> <i>Summarises</i> to check information gathered is correct <i>Signposts</i> to guide through interview <i>Concludes</i> interview appropriately	
2. Content of interview <i>Correct</i> and <i>appropriate</i> information given Any <i>management plans</i> appropriate <i>Ethical, legal, consent, professional behaviour</i> – appropriate knowledge and application of ethical principles (as applicable) Actions consistent with <i>clinical governance</i> standards	

The examiner should warn the candidate when there are 2 minutes remaining. Otherwise the examiner should remain silent.

If the candidate finishes early, the examiner should check that the candidate has finished. The candidate should remain in the room until the session has ended.

If there are ethical or legal issues, candidates should be asked to consider them in relation to the principles of medical ethics:

- do no harm (non-maleficence)
- do good (beneficence)
- duty to act justly
- respect for autonomy
- truth telling.

Candidates are not expected to have detailed knowledge about the law, but should know about general legal and ethical principles.

PATIENT / SUBJECT INFORMATION

Date..... Time am/pm Scenario No.....

*This is a 9-minute station consisting of spoken interaction between you and the candidate.
There is no discussion with the examiner.*

This station assesses the candidate's ability to

INFORMATION GIVEN TO CANDIDATE

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

Background information:

Any other information:

ADDITIONAL INFORMATION

You are ...

Your general feelings

After the doctor has explained the situation to you, your feelings and further questions are:

What to expect from the candidate, and how to respond

The main thing is to be CONSISTENT with your story and emotional response with each candidate

STATION 4: CONSULTATION SKILLS AND MANAGEMENT PLANNING

Candidate Information

i) This station assesses your ability to: (e.g take a focussed history and explain to the parent your management plan).

This is a 22- minute station.

You will have up to 2 minutes before the start of this station to read this sheet and prepare yourself.

You may make notes on the paper provided.

When the bell sounds you will be invited into the examination room. Please take this instruction sheet with you.

You will have 13 minutes with the patient, with a warning when you have 2 minutes left.

You will then have a short period to reflect on the case, whilst the patient will leave the room.

You will then have 9 minutes of discussion with the examiner.

You are not required to examine the patient.

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

The encounter should be focussed on this task; candidates will be penalised for asking irrelevant questions or providing superfluous information.

Background information:

Any other information:

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STATION 4: CONSULTATION SKILLS AND MANAGEMENT PLANNING

EXAMINER INFORMATION (page 1)

Date..... Time am/pm Scenario No.....

Real/simulated Patient Name:

Child: Age..... M/F

The patient will usually be a parent and child.

The candidate will usually be given a letter from the GP or a hospital consultation request.

INFORMATION GIVEN TO CANDIDATE

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

The encounter should be focussed on this task; candidates will be penalised for asking irrelevant questions or providing superfluous information.

Background information:

Any other information:

ANY ADDITIONAL INFORMATION FOR EXAMINERS

Background information:

STATION 4: CONSULTATION SKILLS AND MANAGEMENT PLANNING

EXAMINER INFORMATION (page 2)

STANDARD SETTING

What a candidate should achieve in order to pass:

	Specific achievements to pass
1. Interviewing skills Uses appropriate <i>non-verbal skills</i> – eye contact, posture, etc Is <i>empathetic</i> and <i>supportive</i> – responds to parent/child’s predicament <i>Listens attentively</i> with verbal/non-verbal <i>facilitation</i> Uses <i>questioning techniques</i> appropriate to parent/child, with appropriate balance of open and closed questions <i>Explores</i> ideas, concerns, expectations, feelings Picks up and responds to <i>verbal / non-verbal cues</i> <i>Summarises</i> to check information gathered is correct <i>Signposts</i> to guide parent / child through interview	
2. Information gathering <i>Identifies</i> main problems logically & systematically Asks <i>appropriate</i> questions about past medical and family history, medications, immunizations, the family, psycho-social factors Gathers only <i>essential</i> information	
3. Interpretation & application of information gathered Able to <i>summarise and interpret</i> history Able to <i>create problem list</i> and <i>prioritise appropriately</i> Able to discuss implications of the patient’s problems and derive suitable <i>management plan</i> Demonstrates appropriate level of <i>background knowledge</i>	

The examiner should warn the candidate when there are 2 minutes remaining.

If the candidate finishes early, the examiner should check that the candidate has finished. Otherwise the examiner should remain silent until the end of the 13 minutes.

The candidate should remain in the room until the session has ended.

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**STATION 4: CONSULTATION SKILLS AND MANAGEMENT
PLANNING**

PATIENT INFORMATION

Date..... Time am/pm Scenario No.....

This station assesses the candidate's ability to

*This is a 22- minute station.
The candidate will have up to 2 minutes before the start of this station to read this sheet and prepare for the consultation.
When the bell sounds, the candidate will be invited into the examination room.

The candidate will spend up to 13 minutes talking to you and will be reminded when he/she has 2 minutes left.
The candidate will then have a minute to reflect on the case, whilst you leave the room.
This will be followed by 9 minutes of discussion with the examiner.

The candidate will not perform a physical examination.*

INFORMATION GIVEN TO CANDIDATE

Problem:

Role: You are the ...

Setting:

You are talking to:

Task:

Background information:

Any other information:

ADDITIONAL INFORMATION

You are ...

Your general feelings

After the doctor has explained the situation to you, your feelings and further questions are:

What to expect from the candidate, and how to respond

The main thing is to be CONSISTENT with your story and emotional response with each candidate

Example of Station 4: Consultation Skills and Management planning

Candidate information

i) This station assesses your ability to take a focussed history and explain to the parent your diagnosis or differential diagnosis management plan.

This is a 22- minute station.

You will have up to 2 minutes before the start of this station to read this sheet and prepare yourself.

You may make notes on the paper provided.

When the bell sounds you will be invited into the examination room. Please take this instruction sheet with you.

You will have 13 minutes with the patient, with a warning when you have 2 minutes left.

You will then have a short period to reflect on the case, whilst the patient will leave the room.

You will then have 9 minutes with the examiner.

You are not required to examine the patient.

Role: You are the SpR

Setting: Children's Rapid Referral Clinic at a District General Hospital

You are talking to: Gregory a six-year-old boy and his mother

Task: Reply to GP's referral letter

Referral letter:

Dear Dr

Re: Gregory D Age 6 years

This boy, who was born prematurely and has been seen regularly at your outpatient clinic mainly because of respiratory problems, has been noted by his mother to have become tired and listless over the past 3 months.

On examination I can find no significant abnormalities.

I should be very grateful if you would see him and advise on appropriate investigations and management.

Yours sincerely,

Dr G. Smith
General Practitioner

Tom Lissauer Apr 04

Background information: Gregory has been seen regularly at the Outpatient Clinic, having required assisted ventilation for a prolonged period as a neonate.

Any other information: The current findings on physical examination are that Gregory is thin (0.4th centile) and short (2nd centile) but is otherwise normal.

EXAMINER INFORMATION

Additional Information For Examiner

Background information

- Born at 33 weeks gestation
- IUGR – birthweight 1.7 kg
- Had severe RDS and was ventilated for 10 days; suffered unilateral pneumothorax
- Subsequent admissions for bronchiolitis, head injury & herniorrhaphy
- Has had treatment for “asthma” since first year of life.
- Has been monitored by the growth clinic – height on 2nd centile, weight 0.4th centile.
- Mother had a baby 6 months ago – no medical problems
- Gregory had shingles 2 months ago
- Recent concerns about lethargy – no pointers to organic causes

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