

# **Writing questions for the MRCPCH Clinical Communications station**

# Contents

	<b>Item</b>	<b>Page No</b>
<b>1.</b>	Guidelines for writing questions	<b>3</b>
<b>2.</b>	Section 1 – Candidate Information	<b>4</b>
<b>3.</b>	Section 2 – Role Player Information	<b>5</b>
<b>4</b>	Section 3 – Examiner Information	<b>6</b>
<b>5</b>	Anchor Statements: Communication	<b>8</b>

## **Guidelines for writing questions for the MRCPCH Clinical Communications station**

- When writing questions for the Comms station they should be:
- realistic (something that occurs relatively often in a clinical environment)
- task focused, (ie. talking to a parent, talking to a teenager, sorting out a conflict, obtaining consent, talking about ethical issues. etc)
- based on the guidelines for the testing of newly appointed ST4's. (Please see attached anchor statement)
- most scenarios are based on:
  - Giving information or explaining a situation to a parent, adolescent patient or professional. e.g. a medical problem, an investigation, results, treatment or health promotion issue.
  - Breaking bad news, dealing with crisis. e.g. giving a life threatening diagnosis or a critical incident
  - Handling emotional content, challenging situations or professional errors. e.g. anger, fear, tears
  - Dealing with ethical issues. e.g. confidentiality, informed consent
  - Explaining Safeguarding issue
  - Discussing professional issues, negotiating, resolving conflict
  - Teaching

### **The expected standard**

The expected standard in the MRCPCH Clinical Examination is that of a new competent SpR (ST4) after completion of level 1 training.

### **Some hints for writing scenarios**

When writing and reviewing scenarios, it is helpful to consider the following:

1. What is the purpose? What aims, objectives and skills are being assessed?
  - Focus on the topic you are covering.
  - Focus on the task.
2. Where is the communication taking place?
  - Out-patient setting, Emergency department or Ward
3. Who does the candidate think he will be communicating with?
  - Parent, adolescent patient or professional
4. For the Role player – history should be detailed and believable
  - Who is this person? Where do they live, who with, what is their life like?
  - What is the health problem? How has it developed?

- What does this individual think and feel about this? Will they be anxious, angry, uncooperative, defensive, cooperative or in need of information? Draw on your experience for deciding upon the correct emotions for the role player to display.
- Is this person credible?
- Is the scenario coherent as a whole?

### **Some points to remember**

- Use local guidelines on specific issues, but reference them at the end.
- Scenarios can be altered by other overseas centres to reflect local conditions. It is not important to write for a specific centre.
- Nothing in the scenario should be too ambiguous or open to interpretation.
- A role player may be: anxious, angry, uncooperative, defensive, cooperative or in need of information. Draw on your experience for deciding upon the correct emotions for the role player to display.
- Focus on the examiner guidance; the candidates will be tested along the standards of the anchor statement. It is important to bear this in mind.
- The templates are provided to help to get the format right but don't worry about any text being in the wrong font as this will be tidied up before being sent out.
- ALL cases where there is more than one page of role player/examiner info should be marked clearly as such, (Page 1 of 2), (Page 2 of 2) just below the header. They should also have the header repeated on each page. This ensures that if any pages are mixed up they can easily be put back in the correct order with the correct scenario.

Please see below for the template for it is subdivided into 3 sections

## Section 1 – Candidate Information

*Candidate Info should never be more than one page long.*

**MRCPCH COMMUNICATION SKILLS STATION**

**Date**

**No.**

### CANDIDATE INFORMATION

This is a 9-minute station consisting of spoken interaction. You will have up to 3 minutes before this station to read this sheet and prepare yourself. You may make notes on the paper provided.

You should

- enter the examination room when the bell sounds
- take this instruction sheet with you
- focus on the task
- note that you are not required to gather a detailed medical history nor examine the patient
- note that the examiner will not ask questions during the 9 minutes
- note that there will be a warning when approximately 2 minutes left.

The good candidate will choose factually correct information, convey this in an appropriate way, and respond appropriately to the emotional context of the station. You will be marked on your ability to communicate effectively, not the speed with which you convey information.

**You are:**

**You will be talking to:**

**Setting:**

**Background information:**

**Task:**

**This task is in relation to the information above. You are not expected to gather the full medical history.**

This is the candidate information, which is left outside the examination room for candidates to read for 3 minutes before their communication exam begins. It is important to fill in all the sections as completely as possible (though they should not take up more than a page). It is very important to work out what you wish the candidate's task to be before you start writing the rest of the scenario.

The task needs to be stated in the last box in bold. Please also make sure what the station assesses (e.g. your ability to talk to a teenager, your ability to communicate information to a junior colleague etc.) is filled out on the top of the candidate and examiner info.

Please expand all abbreviations in the first instance such e.g. departments and posts such as A and E, GP, SPR should be written in full the first time they are used. This also applies to conditions and illnesses.

Make sure all standard units are used and explained fully (e.g. if a temperature is in degrees C this should be stated.)

## Section 2 – Role Player Information

*This whole header goes on all pages of RP information (usually 2 pages).*

**MRCPC COMMUNICATION SKILLS STATION**

**No.**

### ROLE PLAYER INFORMATION

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

In reference to the **UK Equality Act 2010**, please may we remind you to ensure that

- every single individual you encounter in and out of role is respected and treated fairly
- you identify and acknowledge your own prejudices and then remember not to let them influence your portrayal of the role in the station
- be consistent with the script and not vary owing to independent characteristics of the candidate

Scenarios might raise issues which may seem culturally insensitive; however the skills and competences that are being tested are essential elements of the curriculum.

#### **(Page x of x)**

*For those writing scenarios, it is helpful to include the points shown in blue italics. When you have finished writing, do check whether this is believable and that the instructions for the role-player, interviewer and examiner all inter-relate with no contradictions.*

#### **You are:**

*Information about who you are including details such as*

- *Name/ ethnicity/ gender/ age range*
- *Study or work status*
- *Family or social set up*
- *Nature of relationships*

#### **Setting:**

*Where is the communication taking place and with whom*

#### **Background information:**

*The context of the communication including*

- *Main problem and concerns*
- *Symptoms and signs – nature, time, frequency*
- *Underlying factors and additional problems*
- *What has been done so far? e.g. seen pharmacist or GP?*
- *Medication self administered or prescribed*
- *How is daily life affected?*

#### **Any other information:**

#### **Appearance and behavioural characteristics:**

*e.g. low mood or depressed, talkative, reticent, nervous, embarrassed  
unkempt appearance (clothes crumpled), arm bandaged  
sit with legs on chair and avoid eye contact*

#### **Your general feelings:**

**Questions and statements which you might convey if given the opportunity:**  
**The following questions and statements are for your guidance. They should not be asked as a list.**

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

*Is this person credible? Is the scenario coherent as a whole?  
Finally check whether this is believable and the instructions for RP, candidate and examiner all inter-relate with no contradictions.*

This is the role player information. Fill in as much information as is needed, including any relevant history. It is important to give the role player a good idea of how to react and what their mood and behaviour towards the candidate should be. Usually role players are angry, anxious or looking for information. The role player can be playing a colleague, (doctor, nurse, social worker etc) a parent or a teenager.

As you are writing the scenario, please note any essential information that must be given to the role player. This may be background facts, emotional context, or knowledge that someone in this situation is likely to have.

The role players also need a list of possible questions they can ask, but this should not be over emphasised. It is important for the candidate to lead discussions. Sometimes it may be necessary to state this thus: **Do not stick to this list; try to listen to what you are being told and ask questions as they arise from the discussion. Please ask the candidate to explain or clarify if you feel you would if you were in the real situation. The list below is a guide to what you might like to know.**

## Section 3 – Examiner Information

*This header should be on all pages of examiner information (usually 1 page).*

**MRCPCH COMMUNICATION SKILLS STATION      No.**

### EXAMINER INFORMATION

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

Introduce yourself and the station and collect the marksheet. Then introduce the candidate to the role player and retire to observe the candidate's performance.

If the candidate finishes early, you should check that they have finished. If yes, they should remain in the room until the session has ended.

The candidates' task:

**Examiner marking criteria:**

**SCENARIO SPECIFIC GUIDE NOTES TOWARDS EXPECTED STANDARD FOR CLEAR PASS**

**Appropriate application of basic knowledge and clinical judgement<sup>1</sup>**

- 

**Specific aspects of Process**

- 

**Your own standard setting guidance<sup>2</sup>:**

<sup>1</sup>These are the central standard setting recommendations by the communication scenarios group. We advise you to adhere to these as closely as possible. <sup>2</sup>Should you wish to deviate from these standards please include your own standard setting guidance and submit this to the senior examiner and host at the end of the session.

PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
Explains the majority of the criteria above or goes into some detail on all of the above. Does not fulfil CLEAR PASS criteria from anchor statement.	Demonstrates some of the above. Does not fully meet the criteria necessary for a PASS as listed in the process and conduct section of the anchor statement.	Does not demonstrate the above in a meaningful way. Does not fully meet the criteria for a BARE FAIL as listed in the process and conduct section of the anchor statement.	Does not demonstrate any of the above, or gives dangerous or inappropriate information. Performance as in the criteria listed in the process and conduct section of the anchor statement.

The examiner is provided with all 3 sheets. This is the section for the examiner to refer to when marking.

The box marked [The candidates' task...], should state the same task as appears on the candidates' information page. This gives the examiner an easy reference of what the candidate has been asked to do. What the station assesses should also be copied from the candidates' page.

After "**Examiner marking criteria:**" the information for examiners should start:-

Examiner information is subdivided into :

**Appropriate application of basic knowledge and clinical judgement<sup>1</sup>**  
**Specific aspects of Process**

It should include guidance as well as criteria tailored for the scenario. Examples are given below.

**Example 1**

**SCENARIO SPECIFIC GUIDE NOTES TOWARDS EXPECTED STANDARD FOR CLEAR PASS**

**Appropriate application of basic knowledge and clinical judgement<sup>1</sup>**

- Explain the child protection procedure and reason for informing social services.
- Know this process begins straight away and includes informing the police.
- Explain that the course of action is in the interest of Darren's safety and not intended to punish mother.
- Explain the reason for photographs and mother's permission.
- Explain need to inform the consultant on-call.
- Explain, after discussing with the consultant, Darren will need a skeletal survey, brain scan and ophthalmology assessment in the morning and the reason for this.
- Should not make any promises about outcome (e.g. that Darren will not be taken away from mother).

**Specific aspects of Process**

- Listen to and acknowledge Tracey's concerns.
- Clarify her understanding of what will happen next
- Provide a clear explanation avoiding jargon
- Have a sensitive approach to Tracey's dilemma
- Include all appropriate safeguarding points to pass

**Your own standard setting guidance<sup>2</sup>:**

## Example 2

### SCENARIO SPECIFIC GUIDE NOTES TOWARDS EXPECTED STANDARD **FOR CLEAR PASS**

#### Appropriate application of basic knowledge and clinical judgement<sup>1</sup>

- Explain short stature and differentiate conditions such as familial short stature associated with normal height velocity from serious conditions associated with poor height velocity (i.e. growth failure).
- Correctly explain calculation of mid parental height and how to plot parent's heights on a growth chart:  
$$\text{MPH} = [(\text{Father's height } 170 \text{ cm} + \text{mother's height } 152 \text{ cm}) \div 2] + 7 = 168 \text{ cm}$$

Or

$$\text{MPH} = \text{midpoint between Father's height } 170 \text{ cm and Male equivalent of mother's height } 166 \text{ cm (Mother's height} + 14 \text{ cm)} = 168 \text{ cm}$$

The parental target range is MPH  $\pm$  10 cm, i.e. 158 cm (0.4<sup>th</sup> centile) to 178 cm (between 50<sup>th</sup> – 75<sup>th</sup> centiles)

On the growth chart, father's height plotted at 170 cm and mother's at 166 (152+14) cm.

- Discuss why investigations such as brain scan and bone age are unnecessary at the moment and that it is more important to monitor height and check growth velocity at 3 to 6 monthly intervals.

#### Specific aspects of Process

- Show respect for nurse's concerns.
- Ascertain nurse's level of knowledge about short stature.
- Explain using appropriate language.
- Offer reassurance that serious underlying problem is not likely to be missed.

#### Your own standard setting guidance<sup>2</sup>:

## Example 3

### SCENARIO SPECIFIC GUIDE NOTES TOWARDS EXPECTED STANDARD **FOR CLEAR PASS**

#### Appropriate application of basic knowledge and clinical judgement<sup>1</sup>

- Reassuring, but realistic, condition is serious but is manageable
- Tells facts & correct information about ALL including management, prognosis and genetic & family implications.
- Asks whether she has further questions or concerns
- Concludes interview with summary of key points

#### Specific aspects of Process

- Introduces him/her self & keep eye contact with the mother
- Checks first what mother knows about her child's problem
- Understands the sensitivity of the situation & offers to call the husband to attend
- Be prepared to deal with mother's reaction
- Uses simple & clear language while being considerate & sympathetic
- Uses appropriate body language

#### Your own standard setting guidance<sup>2</sup>:

## STANDARDS FOR ASSESSMENT: COMMUNICATION STATION

<b>Conduct of Assessment</b>	<b>A candidate will demonstrate:</b>
	an understanding of the roles and responsibilities of paediatricians
	effective responses to challenge, complexity and stress in paediatrics
	effective skills in three-way consultation and examination
	an understanding of equality and diversity in paediatric practice
	ethical personal and professional practice
<b>Appropriate explanation and negotiation</b>	
	an understanding of effective communication and interpersonal skills with children of all ages
	empathy and sensitivity and skills in engaging the trust of and consent from children and their families
	an understanding of listening skills
	<i>Or effective communication and interpersonal skills with colleagues (if communication with colleague not patient or family)</i>
	<i>Or professional respect for the contribution of colleagues in a range of roles in paediatric practice (if communication with colleague not patient or family)</i>
<b>Accuracy of information given</b>	
	knowledge of the science- base for paediatrics <i>(as outlined in the Framework of Competences for Level 1 in Paediatrics)</i>
	knowledge of common and serious paediatric conditions and their management
	an understanding of basic skills in giving information and advice to young people and their families

Please turn over for more detailed advice on how to interpret if a candidate has reached these standards

## ANCHOR STATEMENTS: COMMUNICATION

Expected standard:	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
<p><b>Conduct of interview</b></p>	<p>Full greeting and introduction.</p> <p>Clarifies role /shared agenda and agrees aims and objectives.</p> <p>Good eye contact and body language. Perceived to be actively listening (nod etc) with verbal and non-verbal.</p> <p>Patient and examiner can hear and understand fully. Appropriate level of confidence.</p> <p>Manages time, prioritises, logical structure</p> <p>Puts subject at ease</p> <p>Polite, respectful, professional</p> <p>Use of open and closed questions</p> <p>Empathetic nature and shows respect. Allows parent/patient sufficient time to speak. Responds appropriately to concerns and emotional needs.</p> <p>Picks up verbal and non-verbal cues.</p> <p>Explores PFICE (Prior knowledge, Feelings, Ideas, Concerns, Expectations)</p> <p>Identifies key issues</p> <p>Uses appropriate language</p>	<p>Greets and introduces appropriately</p> <p>Reasonable structure and prioritisation</p> <p>Appropriate style of interview responsive to parent/patient.</p> <p>Verbal and non-verbal skills are at an acceptable level.</p> <p>Minor problems with confidence or delivery of message.</p> <p>Adequately explores PFICE</p> <p>Listens without interruption</p> <p>Does not consistently probe and misses minor cues</p>	<p>Inadequate clarification of role, aims and objectives.</p> <p>Excessive use of closed questions.</p> <p>Prioritisation suboptimal</p> <p>Fails to respond appropriately to parent/patient concerns</p> <p>Poor eye contact and body language/ non-verbal skills</p> <p>Not perceived to be actively listening (nod etc) with verbal and non-verbal cues, misses a few obvious cues; interrupts occasionally</p> <p>Too many minor errors/ hesitant</p>	<p>Does not introduce self or clarify role</p> <p>Hurried or too slow</p> <p>Ineffective communication</p> <p>Unsupportive, detached</p> <p>Fails to identify or respond to parent/patient concerns/ PFICE</p> <p>Unsatisfactory in several components.</p> <p>Poor nonverbal and verbal skills</p> <p>Mainly closed questions Interrupts repeatedly, does not listen, misses cues</p>	<p>Ignores or is dismissive of parent/patient concerns.</p> <p>Lack of civility or politeness.</p> <p>Rudeness or arrogance.</p> <p>Inappropriate manner abrupt, brusque, rude, disrespectful, arrogant, flippant, condescending, patronising</p> <p>Chaotic</p> <p>Overconfident</p> <p>Obstructive closed posture</p> <p>Totally insensitive, unsupportive</p> <p>Behaves in a threatening or combative way</p>

The final mark for each station is based upon the expert assessment of each candidate's performance, clinical ability and knowledge. These Anchor statements provide a list of the components which contribute to judging a candidates performance. The importance or relevance of the individual component will vary from station to station.

<p><b>Appropriate explanation and negotiation</b></p>	<p>Clear, logical explanation avoiding jargon.</p> <p>Explores subject's prior knowledge, understanding, ideas, concerns, expectations and feelings.</p> <p>Asks clear questions with appropriate use of open and closed style.</p> <p>Summarises, checks understanding and concludes the interview appropriately.</p> <p>Shared decision making, negotiates plan</p> <p>Explains next steps clearly</p>	<p>Misses minor cues.</p> <p>A few inappropriate terms used</p> <p>Minor problems in response to key aspects</p> <p>Explanations reasonable Some checking for understanding</p> <p>Generally jargon free.</p> <p>Adequate exploration of subject's knowledge and views.</p> <p>Summary with important details.</p> <p>Some involvement of subject in decision making</p> <p>Plans made but not fully cross-checked</p>	<p>Uses medical jargon without explanation.</p> <p>Language not tailored to subject's background</p> <p>Explanations just about satisfactory</p> <p>Poor attempt to ensure understanding</p> <p>Poor summary.</p> <p>Misses important points or makes too many minor errors.</p> <p>Describes options but offers little choice</p> <p>Makes plans but no cross-checking</p>	<p>Communication ineffective in transferring the important information.</p> <p>Poor response to cues.</p> <p>No summary or summary contains significant inaccuracies or is wrong.</p> <p>Communication not tailored to context</p> <p>Explanations difficult to understand</p> <p>Didactic delivery</p> <p>Overreliance on stock phrases</p> <p>Prescriptive, subject not involved</p> <p>Next steps not clarified</p>	<p><b>Behavioural:</b> Arrogant Complete lack of negotiation skills. False reassurance or promise Inappropriate language Intimidating, undermines, overpowering Gets loud and angry, takes personal offence</p> <p><b>Medical Knowledge / Competence:</b> Serious or dangerous deficiencies in facts explained or method of explanation. Arouses fear and undue anxiety Overwhelms with information</p>
<p><b>Accuracy of information given</b></p>	<p>Conveys appropriately selected and accurate information - appropriate for the context</p> <p>No inaccuracies</p> <p>Information is correct in all-important / essential detail.</p> <p>It is explained in a way that is likely to be understood, and steps are taken to ensure that the important messages have been understood.</p>	<p>Interview covers all essential issues but may omit occasional relevant but less important points.</p>	<p>Major important inaccuracies or too many minor inaccuracies in information given which do not compromise patient safety</p> <p>Poor attempt to ensure understanding.</p>	<p>Significant components omitted or not achieved.</p> <p>Important or numerous inaccuracies in information given.</p> <p>Numerous deficiencies/ inaccuracies in basic knowledge</p> <p>Not focused and many aspects not relevant</p>	<p><b>Behavioural:</b> Potentially dangerous information given. Completely inappropriate Potential for complaint Bluffs</p> <p><b>Medical Knowledge / Competence:</b> Serious inaccuracies in information given. Dangerous deficiencies in information given Risk of harm to patient</p>

The final mark for each station is based upon the expert assessment of each candidate's performance, clinical ability and knowledge. These Anchor statements provide a list of the components which contribute to judging a candidate's performance. The importance or relevance of the individual component will vary from station to station.

*Please do complete this audit box and indicate whether you have reviewed, edited, approved or signed-off the scenario.*

<b>Date</b>	<b>Reviewers</b>	<b>Comments</b>