

# MRCPCH COVID ADAPTED CLINICAL EXAM CANDIDATE WEBINAR

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**CHANGES**

- Station types
- Content of stations
- Anchor statements
- Domains

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**STATION TYPES**

<u>Old Exam</u>	<u>New Exam</u>
4 Clinical Stations	2 Short Clinical Stations
1 Development Station	1 Extended Clinical Station
1 History Station	1 Development Station
2 Communication Stations	1 History Station
2 Video Stations	2 Communication Stations
	2 Video Stations

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# CONTENT

To accommodate the loss of patients in the clinical stations, we have had to adapt them by asking candidates to verbally describe the examinations/assessments they would have carried out had there been a patient in the station.

For the two remaining 9-minute clinical stations (**Short Clinical**) – the candidate will do this by receiving a short prompt from the examiner about the case and then detailing their examination. They will finish with management planning

For the **Development** station, the parent will be played by a role player from whom the candidate takes a history. They will summarise the history and provide a detailed description of the assessment they would have carried out. They will finish with management planning.

For the new 23-minute **Extended Clinical**, there is a role player from whom the candidate will take a history, prompted by the examiner's instructions at the start. They will then summarise the history and detail the examination they would have conducted based on what they have learned. They will finish up with management planning.

All **other stations** will remain the same. History and Communications will continue to have role players and Video will continue to have a video to view. These will all now be delivered online.

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MRCPCCH (Covid) Adapted Clinical Exam – Anchor Statements

Clinical Domain	Meets Standard	Borderline	Below Standard
A1 Information Gathering/History Taking	<ol style="list-style-type: none"> <li>Asks key relevant questions.</li> <li>Sensitively gathers appropriate information.</li> <li>Explores main problems/concerns of role-player in structured manner.</li> </ol>	<ol style="list-style-type: none"> <li>Lacks some focus in exploring relevant lines of questioning</li> <li>Information gathering lacking in sensitivity.</li> <li>Does not fully explore problem/concerns of role-player. A little unstructured.</li> </ol>	<ol style="list-style-type: none"> <li>Questions asked not relevant to the patient, poorly understood by role player.</li> <li>Information gathering approach is insensitive/inadequate.</li> <li>Approach is haphazard/unstructured &amp; does not consider/explore the problem/concerns of role-player</li> </ol>
A2 Information Sharing / Accuracy of Information	<ol style="list-style-type: none"> <li>Explains relevant, clinically accurate information.</li> <li>Information provided in a well-structured manner.</li> <li>Verifies understanding - summarises.</li> </ol>	<ol style="list-style-type: none"> <li>Some inaccuracies/irrelevance in information given.</li> <li>Information provided lacking in some structure.</li> <li>Limited verification of understanding.</li> </ol>	<ol style="list-style-type: none"> <li>Inaccurate, irrelevant information given.</li> <li>Information provided lacks structure.</li> <li>No verification of understanding.</li> </ol>
B Physical Examination	<ol style="list-style-type: none"> <li>Well-structured, systematic exam technique. <b>Verbalised</b></li> <li>Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine being sought.</li> <li>Appropriate use of equipment (if relevant). <b>Verbalised</b></li> </ol>	<ol style="list-style-type: none"> <li>Exam technique lacking some structure.</li> <li>Limited adaptation to meet needs of patient.</li> <li>Unfused use of equipment (if relevant).</li> </ol>	<ol style="list-style-type: none"> <li>Very slow, uncertain, unstructured, unsystematic exam technique.</li> <li>Poor adaptation to patient needs. Lack of care. No attempt to seek permission.</li> <li>Incorrect or no use of equipment (if relevant)</li> </ol>
C Identification of Clinical Signs	<ol style="list-style-type: none"> <li>Identifies critical signs that are present.</li> <li>Correctly interprets clinical signs that are present.</li> </ol>	<ol style="list-style-type: none"> <li>Misses a few less important signs.</li> <li>Some minor errors in interpretation of signs.</li> </ol>	<ol style="list-style-type: none"> <li>Misses one or more important clinical signs and/or describes non-existent signs/invents signs</li> <li>Significant errors in interpretation of signs.</li> </ol>
D1 Clinical Reasoning	<ol style="list-style-type: none"> <li>Formulates &amp; proposes likely appropriate differential diagnosis.</li> <li>Understands implications of findings.</li> <li>Able to suggest appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>Incomplete differential diagnosis.</li> <li>Unclear about implications of findings.</li> <li>Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>Lacks insight into implications of findings.</li> <li>Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol>
D2 Management Planning	<ol style="list-style-type: none"> <li>Relevant investigations to appropriately address identified problems.</li> <li>Provides safe, ethical, effective management plan that relates to parental concerns if relevant including appropriate referral or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>Investigations suggested don't fully address identified problems.</li> <li>Does not fully relate management plan to parental concerns. Some reference made to referral &amp;/or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>Unable to suggest appropriate investigations.</li> <li>Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.</li> </ol>
E1 Communication Skills: Rapport & Communication Style	<ol style="list-style-type: none"> <li>Appropriate level of confidence, greeting and introduction; professional, sensitive; appropriate body language responds to verbal &amp; non-verbal cues.</li> <li>Develops appropriate rapport with role-player. Puts at ease. Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol>	<ol style="list-style-type: none"> <li>Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>Develops reasonable level of rapport; could do more to engage role player.</li> <li>Approach to clarifying role &amp; agenda and tone &amp; pace needs improvement.</li> </ol>	<ol style="list-style-type: none"> <li>Poor body language &amp; non-verbal skills; unprofessional manner, insensitive or overconfident.</li> <li>Poor rapport or detached. Fails to put role-player at ease.</li> <li>No clarification of role. Inappropriate tone &amp; pace.</li> </ol>
E2 Verbal & Listening Communication Skills	<ol style="list-style-type: none"> <li>Applies active listening &amp; displays interest with role-player.</li> <li>Allows others opportunity to speak.</li> <li>Appropriate language used in challenging circumstances with any jargon explained.</li> </ol>	<ol style="list-style-type: none"> <li>Not actively listening throughout the station; misses some subtle cues.</li> <li>Interrupts occasionally</li> <li>Language not fully tailored to subject with some jargon used.</li> </ol>	<ol style="list-style-type: none"> <li>Does not listen/display interest in views of role-player. Misses cues; obstructive/inappropriate language.</li> <li>Interrupts repeatedly; dismisses concerns.</li> <li>Language not tailored to subject with an overreliance on jargon.</li> </ol>
E3 Managing Concerns & Agreeing Next Steps	<ol style="list-style-type: none"> <li>Seeks, identifies, acknowledges, attempts to address concerns appropriately.</li> <li>Displays natural empathy with the role-player.</li> <li>Checks knowledge &amp; understanding and agrees next steps.</li> </ol>	<ol style="list-style-type: none"> <li>Some attempt to seek, identify, acknowledge or address concerns.</li> <li>Some attempt to empathise with the role-player</li> <li>Minimal checking of knowledge &amp; understanding. Next steps not clear.</li> </ol>	<ol style="list-style-type: none"> <li>No attempt to seek, identify, acknowledge or address concerns.</li> <li>No significant attempt to empathise with the role-player</li> <li>Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurance/promises given.</li> </ol>

## ANCHOR STATEMENTS

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# DOMAINS

DOMAINS	STATIONS									Total Available
	Short Clinical 1	Short Clinical 2	Extended Clinical 3	Development	History & MGMT	Comms A	Comms B	Video A	Video B	
A1 Information Gathering			x	x	x					6
A2 Information Sharing / Accuracy of Information						x	x			4
B Physical Examination	x	x	x	x						8
C Identification of Clinical Signs	x	x	x	x				x	x	12
D1 Clinical Reasoning	x	x	x	x	x			x	x	14
D2 Management Planning	x	x	x	x	x			x	x	14
E1 Rapport & Communication Style			x	x	x	x	x			10
E2 Verbal & Listening Skills					x	x	x			6
E3 Managing Concerns & Agreeing Next Steps						x	x			4
<b>Total Available</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>10</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>78</b>

**Marks Key**  
 Below Standard = 0  
 Borderline = 1  
 Meets Standard = 2

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# CIRCUIT

- Circuit Maps
- Breaks
- Timings

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**CIRCUIT  
MAP  
STATIONS**

Session 1	Circuit 1	Extended Clinical	Development	History			
	Circuit 2	Extended Clinical	Development	History			
	Circuit 3	Extended Clinical	Development	History			
	Circuit 4	Extended Clinical	Development	History			
Break/Log in to Exam 2							
Session 2	Circuit 1	Short Clin A	Short Clin B	Comms A	Comms B	Video A	Video B
	Circuit 2	Short Clin A	Short Clin B	Comms A	Comms B	Video A	Video B

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**ROUTE MAP –  
CANDIDATE  
VIEW**

**SAMPLE EXAM FOR CANDIDATE 001**

SESSION 1			
	Station 1 23 Minutes	Station 2 23 Minutes	Station 3 23 Minutes
	Extended Clinical Red	Development Red	History Red
Round 1	CAND001	CAND002	CAND003
Round 2	CAND003	CAND001	CAND002
Round 3	CAND002	CAND003	CAND001

SESSION 2						
	Station 4 9 Minutes	Station 5 9 Minutes	Station 6 9 Minutes	Station 7 9 Minutes	Station 8 9 Minutes	Station 9 9 Minutes
	Short Clinical A	Short Clinical B	Comms A	Comms B	Video A	Video B
Round 1	CAND001	CAND002	CAND003	CAND004	CAND005	CAND006
Round 2	CAND006	CAND001	CAND002	CAND003	CAND004	CAND005
Round 3	CAND005	CAND006	CAND001	CAND002	CAND003	CAND004
Round 4	CAND004	CAND005	CAND006	CAND001	CAND002	CAND003
Round 5	CAND003	CAND004	CAND005	CAND006	CAND001	CAND002
Round 6	CAND002	CAND003	CAND004	CAND005	CAND006	CAND001

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## BREAKS

1. To account for any extra time it might take people to move from station to station, we have made all breaks between stations 5 minutes long.
2. However, we continue to provide only 4 minutes to read as we want to ensure that extra minute is available for moving around.
3. History, Development and Extended Clinical Stations are now all 23 minutes long.
4. Single length stations are unaffected by having 5-minute station intervals.
5. All scenarios have been updated to reflect the new timings.

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## TIMINGS

Extended Clinical	23 minute station			
4 min	10 min	2 min	8 min	3 min
Preparation time before station starts	Domain A1 🔊 Warning 4 min left (6 minutes into station)	Domain A1 summary	Domains B, C & D1	Domain D2 🔊 Warning 3 min left in station
	No timings/warnings for these			

Development	23 minute station			
4 min	10 min	2 min	8 min	3 min
Preparation time before station starts	Domain A1 🔊 Warning 4 min left (6 minutes into station)	Domain A1 summary	Domains B, C & D1	Domain D2 🔊 Warning 3 min left in station
	No timings/warnings for these			

History	23 minute station	
4 Min	14 min	9 min
Preparation time before station starts	A1 🔊 Warning at 9 minutes; 4min left	C/D1/D2 🔊 Warning 3 min left

Short Clinical	9 minute station	
4 min	6 min	3 min
Preparation time before station starts	Domains B & C	Domains D1 & D2 🔊 Warning 3 min left in station

Communication	9 minute station	
4 min	9 min	
Preparation time before station starts	A2 6 min	🔊 Warning 3 min left in station

Video	9 minute station		
4 min	3 min	3 min	3 min
Preparation time before station starts	Watch video 🔊 3 min into station	C/D1	D2 🔊 Warning 3 min left in station
	No timings/warnings		

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**STATIONS**

- Context of Role Player Stations
- Knocks/Station Timing Guides
- Flow Charts

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**CONTEXT**

**Role Player Stations**

Candidates should pay attention to the context and setting of Communications, History, Extended Clinical and Development scenarios to better imagine the parent/role-player is in front of them, unless stated otherwise in the scenario - e.g. a remote/video consultation.

There are scenarios where candidates are assessing a child or talking to a parent in the ED and others on the Paediatric Day assessment unit, ward or other settings.

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<b>Extended Clinical</b>		
Extended Clinical Extended Length – 23 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading and reviewing any cues now?
0		Please start the station now
Invigilator checks in with admin on chat to let them know the station has begun		
6	17	You have 4 minutes left to gather your history
10	13	Please stop history taking now
20	3	You have 3 minutes left
23	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

## STATION TIMING GUIDE EXTENDED CLINICAL

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<b>Development</b>		
Development Extended Length – 23 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading and reviewing any cues now?
0		Please start the station now
Invigilator checks in with admin on chat to let them know the station has begun		
6	17	You have 4 minutes left to gather your history
10	13	Please stop history taking now
20	3	You have 3 minutes left
23	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

## STATION TIMING GUIDE DEVELOPMENT

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History		
History Extended Length – 23 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading now?
0		Please start the station now
Invigilator checks in with admin on chat to let them know the station has begun		
9	14	You have 5 minutes left to gather your history
14	9	Please stop history taking now
20	3	You have 3 minutes left
23	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

**STATION TIMING GUIDE HISTORY**

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Short Clinical Station		
Short Clinical Regular Length – 9 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading and reviewing any cues now?
0		Please start the station now
Invigilator checks in with admin on chat to let them know the station has begun		
6	3	You have 3 minutes left
9	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

**STATION TIMING GUIDE SHORT CLINICAL**

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## STATION TIMING GUIDE COMMUNICATIONS

### Communications

Communications Regular Length – 9 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading now?
0		Please start the station now
Invigilator checks in with admin on chat to let them know the station has begun		
6	3	You have 3 minutes left
9	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

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## STATION TIMING GUIDE VIDEO

### Video

Video Regular Length – 9 Minutes		
Time Elapsed	Time Left	Invigilator Says:
		1. Hello are you (candidate name)? 2. Please read your info sheet and review any cues that might be on your screen. 3. You will have 4 minutes to read. 4. I will mute my microphone but remain in the station unless I need to go fetch the examiner (and role player if there is one).
4 mins reading time		
		Ask candidate: Have you finished reading now?
0		Please start the station now Examiner and invigilator will now mute to avoid issues with any sound that might be on the video
Invigilator checks in with admin on chat to let them know the station has begun		
3	6	You must stop watching the video and you now have 6 minutes for discussion
6	3	You have 3 minutes left
9	0	The station is now over
		Please stay in the station until I ask you to proceed to the next one
Invigilator checks in with administrator on chat and waits until given the ok to move		
		When you move to the next station, please wait for the invigilator to arrive before you begin to read your candidate info and review any cues. Please now move to the next station by pressing NEXT and then CONNECT when you get there.

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## FLOW CHARTS EXTENDED CLINICAL

Please note, if you complete your history before the time allotted to do so, you will be allowed to move to the examination. However, once you move to the next element, you will not be permitted to ask the role player any further questions.

Extended Clinical		
Personnel in station: Candidate, examiner, role player, invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>Candidate enters station</li> <li>Candidate reads Candidate Information Sheet</li> <li>Candidate reviews any audio/video/photo universal cues</li> <li>At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>Examiner enters station</li> <li>Examiner introduces self, checks candidate number</li> <li>Examiner provides introductory statement</li> </ul>
10 Min	A1	<ul style="list-style-type: none"> <li>Examiner asks candidate to take a focused history</li> <li>Candidate takes focused history from role player</li> <li>At 6 minutes, Invigilator announces you have 4 minutes left to gather your history</li> <li>At 10 minutes, Invigilator asks candidate to stop taking the history</li> </ul>
2 Min	A1	<ul style="list-style-type: none"> <li>Examiner asks candidate to briefly summarise key findings from the history</li> </ul>
8 Min	B	<ul style="list-style-type: none"> <li>Candidate briefly summarises key findings from the history</li> <li>Examiner asks candidate to describe step by step process of how they would undertake an examination</li> <li>Candidate describes examination process</li> <li>Examiner provides dependent cues to candidate during the candidate's description of process</li> </ul>
	C	<ul style="list-style-type: none"> <li>Examiner asks candidate to briefly summarise the clinical signs they have elicited</li> <li>Candidate briefly summarises clinical signs</li> <li>Examiner asks candidate for their interpretation of signs and what they mean</li> <li>Candidate provides their interpretation of signs and meaning</li> </ul>
	D1	<ul style="list-style-type: none"> <li>Examiner asks candidate what they will write in their consultation letter</li> <li>Candidate briefly explains what they will write in their consultation letter</li> <li>Examiner asks candidate what one or two diagnoses are important to exclude</li> <li>Candidate briefly provides one or two important diagnoses to exclude</li> <li>Examiner asks candidate what is the likely outcome for the child</li> <li>Candidate describes the likely outcome for the child</li> </ul>
3 Min	D2	<ul style="list-style-type: none"> <li>Examiner asks if they would recommend any other tests or treatment and why</li> <li>Candidate describes any other tests or treatments they would recommend and why</li> <li>Examiner asks candidate what follow up they would arrange and when</li> <li>Candidate explains what follow up they would arrange and when</li> <li>Examiner asks candidate what forward plan or advice they would give to the family</li> <li>Candidate explains what forward plan or advice they would give to the family</li> <li>Invigilator warns 3 minutes left</li> <li>At 23 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

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## FLOW CHARTS DEVELOPMENT

Please note, if you complete your history before the time allotted to do so, you will be allowed to move to the examination. However, once you move to the next element, you will not be permitted to ask the role player any further questions.

Development		
Personnel in station: Candidate, examiner, role player, invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>Candidate enters station</li> <li>Candidate reads Candidate Information Sheet</li> <li>Candidate reviews any audio/video/photo universal cues</li> <li>At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>Examiner enters station</li> <li>Examiner introduces self, checks candidate number</li> <li>Examiner provides introductory statement</li> </ul>
10 Min	A1	<ul style="list-style-type: none"> <li>Examiner asks candidate to take a focused history</li> <li>Candidate takes focused history from role player</li> <li>At 6 minutes, Invigilator announces you have 4 minutes left to gather your history</li> <li>At 10 minutes, Invigilator asks candidate to stop taking the history</li> </ul>
2 Min	A1	<ul style="list-style-type: none"> <li>Examiner asks candidate to briefly summarise key findings from the history</li> </ul>
8 Min	B	<ul style="list-style-type: none"> <li>Candidate briefly summarises key findings from the history</li> <li>Examiner asks candidate to describe step by step process of how they would undertake a developmental assessment</li> <li>Candidate describes developmental assessment process</li> <li>Examiner provides dependent cues to candidate during the candidate's description of process</li> </ul>
	C	<ul style="list-style-type: none"> <li>Examiner asks candidate to briefly summarise the developmental signs they have elicited</li> <li>Candidate briefly summarises developmental signs</li> <li>Examiner asks candidate for their interpretation of signs and what they mean</li> <li>Candidate provides their interpretation of signs and meaning</li> </ul>
3 Min	D1	<ul style="list-style-type: none"> <li>Examiner asks candidate questions relating to D1 domain, which will vary depending on the specific focus of the scenario</li> <li>Candidate briefly responds to the question(s)</li> <li>Examiner asks candidate question(s) relating to the diagnosis/cause, which will vary depending on the specifics of the scenario</li> <li>Candidate briefly responds to the question(s)</li> </ul>
	D2	<ul style="list-style-type: none"> <li>Examiner asks candidate what follow up they would arrange and when</li> <li>Candidate explains what follow up they would arrange and when</li> <li>Examiner asks candidate what role another specialist plays in ongoing care</li> <li>Candidate explains what role another specialist plays in ongoing care</li> <li>Invigilator warns 3 minutes left</li> <li>At 23 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

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## FLOW CHARTS HISTORY

History		
Personnel in station: Candidate, examiner, role player, invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>• Candidate enters station</li> <li>• Candidate reads Candidate Information Sheet</li> <li>• At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>• Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>• Examiner enters station</li> <li>• Examiner introduces self, checks candidate number</li> <li>• Examiner provides introductory statement</li> </ul>
14 Min	A1 A2	<ul style="list-style-type: none"> <li>• Examiner asks candidate to take a focused history</li> <li>• Candidate takes focused history from role player</li> <li>• At 9 minutes, Invigilator announces you have 5 minutes left to gather your history</li> <li>• At 14 minutes, Invigilator asks candidate to stop taking the history</li> </ul>
9 Min	D1 D2	<ul style="list-style-type: none"> <li>• Candidate discusses the patient's problems and management plan with the examiner</li> <li>• Invigilator warns 3 minutes left</li> <li>• At 23 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

Please note, if you complete your history before the time allotted to do so, you will need to sit quietly until the time is up. You will not be allowed to move into the discussion early.

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## FLOW CHARTS SHORT CLINICAL

Short Clinical		
Personnel in station – Candidate, Examiner, Invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>• Candidate enters station</li> <li>• Candidate reads Candidate Information Sheet</li> <li>• Candidate reviews any audio/video/photo universal cues</li> <li>• At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>• Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>• Examiner enters station</li> <li>• Examiner introduces self, checks candidate number</li> <li>• Examiner provides introductory statement</li> </ul>
6	B	<ul style="list-style-type: none"> <li>• Examiner asks candidate to describe step by step process of how they would undertake an examination</li> <li>• Candidate describes examination process</li> <li>• Examiner provides dependent cues to candidate during the candidate's description of process</li> </ul>
	C	<ul style="list-style-type: none"> <li>• Examiner asks candidate to briefly summarise the clinical signs they have elicited</li> <li>• Candidate briefly summarises clinical signs</li> <li>• Examiner asks candidate for their interpretation of signs and what they mean</li> <li>• Candidate provides their interpretation of signs and meaning</li> </ul>
3	D1	<ul style="list-style-type: none"> <li>• Examiner asks candidate what is the most likely diagnosis/differential diagnosis</li> <li>• Candidate describes most likely diagnosis/differential diagnosis</li> </ul>
	D2	<ul style="list-style-type: none"> <li>• Examiner asks candidate what complications you would expect and how they would be investigated and managed</li> <li>• Candidate describes expected complications and how they should be investigated and managed</li> <li>• Invigilator warns 3 minutes left</li> <li>• At 9 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

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**FLOW CHARTS  
COMMUNICATION**

<b>Communication</b>		
Personnel in station: Candidate, examiner, role player, invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>• Candidate enters station</li> <li>• Candidate reads Candidate Information Sheet</li> <li>• At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>• Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>• Examiner enters station</li> <li>• Examiner introduces self, checks candidate number</li> <li>• Examiner provides introductory statement</li> </ul>
9 Min	A2	<ul style="list-style-type: none"> <li>• The candidate undertakes discussion with the role player.</li> <li>• Invigilator warns 3 minutes left</li> </ul>
		<ul style="list-style-type: none"> <li>• At 9 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

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**FLOW CHARTS  
VIDEO**

<b>Video</b>		
Personnel in station: Candidate, examiner, invigilator		
5 Min total	4 Min	<ul style="list-style-type: none"> <li>• Candidate enters station</li> <li>• Candidate reads Candidate Information Sheet</li> <li>• Candidate reviews any audio/video/photo universal cues</li> <li>• At 4 minutes, Invigilator confirms candidate has read info sheet and reviewed any cues</li> <li>• Invigilator announces the station has started</li> </ul>
		<ul style="list-style-type: none"> <li>• Examiner enters station</li> <li>• Examiner introduces self, checks candidate number</li> <li>• Examiner provides introductory statement</li> </ul>
3 Min		<ul style="list-style-type: none"> <li>• Candidate views the video clip as many times as they wish during this time</li> <li>• At 3 minutes, Invigilator asks candidate to now stop viewing video</li> </ul>
3 Min	C D1	<ul style="list-style-type: none"> <li>• Candidate identifies clinical signs from the video</li> <li>• Candidate formulates likely diagnosis/differential diagnosis</li> <li>• Invigilator warns 3 minutes left</li> </ul>
3 Min	D2	<ul style="list-style-type: none"> <li>• Candidate formulates management plan</li> <li>• At 9 minutes, Invigilator announces the station is over and asks everyone to remain in the station until told to move on</li> </ul>

26

## CUES

- What are cues
- Universal and Dependent Cues
- Delivering and Receiving Cues

27

## WHAT ARE CUES

Because we are not having patients in the MRCPCH Clinical Exam we devised a different method to assess a candidate's clinical skills.

We are asking candidates to describe the steps they would undertake for a type of exam.

However, this presents a problem, because in a normal exam, the candidate would discover clinical signs as a part of that exam.

We decided that examiners should provide these signs to candidates who describe the appropriate aspects of a physical exam which would have elicited those signs.

If candidates miss out on describing elements of a physical exam, they will not be provided the signs that go along with those elements.

Examiners are provided with these signs within the scenario for the station.

These signs are what we call CUES.

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## UNIVERSAL AND DEPENDENT CUES

### Universal Cues

1. Universal cues are the signs that examiners would expect candidates to observe or pick up on because they are often apparent just by looking at the child.
2. These are the opposite of cues that would only be discovered upon examination.
3. These cues will therefore be made available to all candidates at the beginning of the station, where they can be viewed or listened to at the same time as the candidate reads the candidate information sheet.

### Dependent Cues

1. Dependent cues are signs that candidates would only discover by conducting an examination of a child.
2. Examiners will only provide these cues to candidates, during their description of an examination, if the candidate discusses or mentions the particular element of the examination that would have elicited the sign.
3. These cues are therefore dependent upon the candidate describing a thorough examination.

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## DELIVERING AND RECEIVING CUES

- Because this is the first time we are using cues in our exam, the delivery of the cues might be a bit awkward for both candidates and examiners.
  - We have provided guidance to both examiners and candidates about this topic.
  - We want to provide a few pointers to make things easier for both parties.
- We are letting examiners raise their hand (on screen) to alert candidates that there is a cue ready to be shared if they are comfortable with this.
  - During pilot exams, one of the things that was quite effective was having a candidate phrase things with a bit of explanation. For example, I would check the lower limb reflexes looking for....
  - We are asking candidates to be alert to the fact that, during their description of the examination, the examiner will have cues (signs) to share with them, so when moving from the description of one element of the exam to the next, take a breath and that brief pause can allow the examiner to interject with a cue.
  - Examiners will sometimes need to provide a few cues at once if a candidate races through a number of elements of the exam, so please be mindful of this.

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ROLES

- Examiner
- Candidate
- Role Player
- Invigilator

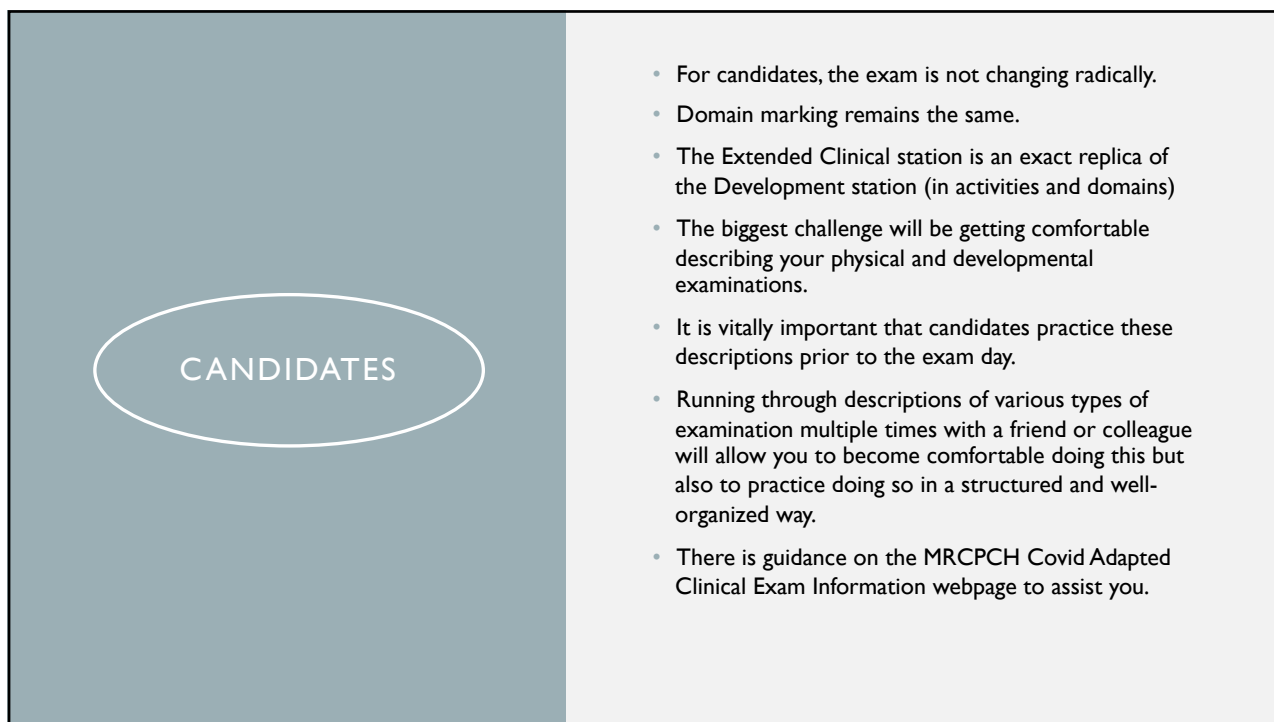
31

EXAMINERS

- Examiners have all been briefed that we are using scenarios for the clinical stations.
- They will be familiar with their scenarios and the cues to deliver.
- They have been provided with questions and statements to help move the stations along, to help smooth the way, keep everyone on track, and allow the candidate to understand what you are after.
- Examiners have also been briefed to be patient about technical difficulties and work with the candidate.

32



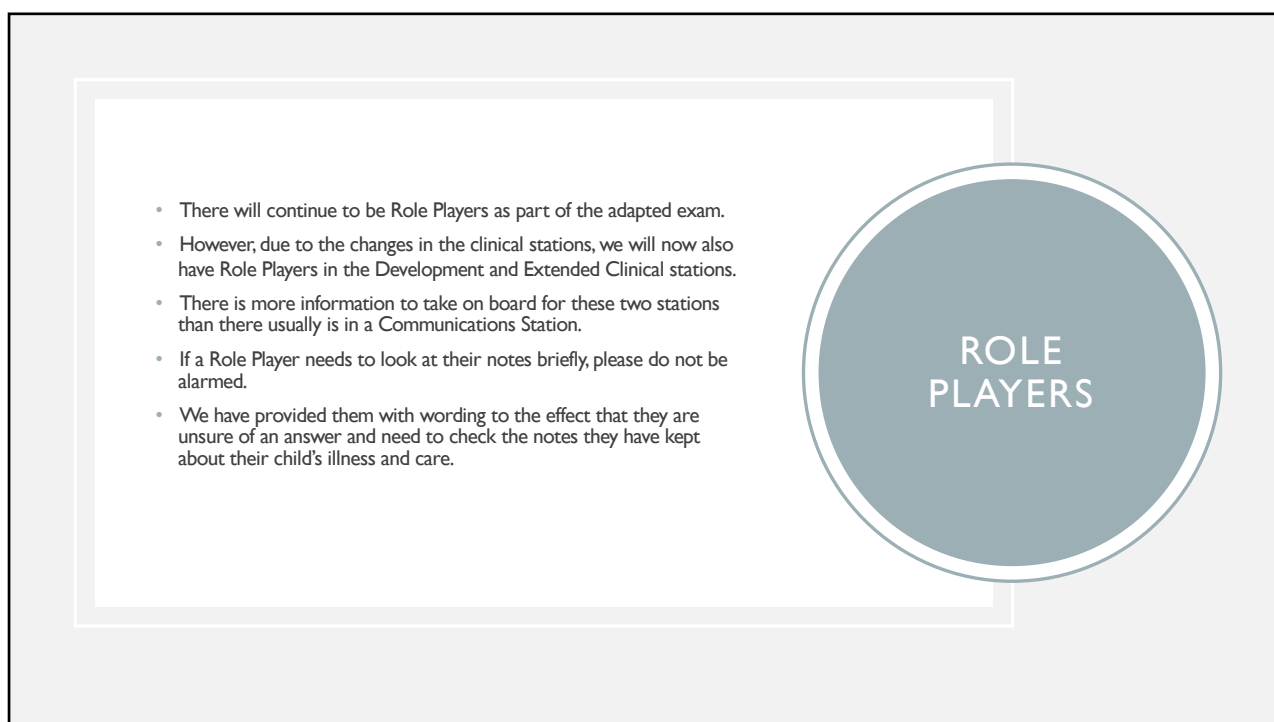


A slide with a dark teal background on the left and a light grey background on the right. The word "CANDIDATES" is written in white capital letters inside a white oval on the teal background. On the right, there is a bulleted list of seven points.

CANDIDATES

- For candidates, the exam is not changing radically.
- Domain marking remains the same.
- The Extended Clinical station is an exact replica of the Development station (in activities and domains)
- The biggest challenge will be getting comfortable describing your physical and developmental examinations.
- It is vitally important that candidates practice these descriptions prior to the exam day.
- Running through descriptions of various types of examination multiple times with a friend or colleague will allow you to become comfortable doing this but also to practice doing so in a structured and well-organized way.
- There is guidance on the MRCPCH Covid Adapted Clinical Exam Information webpage to assist you.

33



A slide with a light grey background. On the left, there is a bulleted list of five points. On the right, the words "ROLE PLAYERS" are written in white capital letters inside a dark teal circle with a white border. The circle is connected to a white rectangular box on the left by a thin white line.

ROLE PLAYERS

- There will continue to be Role Players as part of the adapted exam.
- However, due to the changes in the clinical stations, we will now also have Role Players in the Development and Extended Clinical stations.
- There is more information to take on board for these two stations than there usually is in a Communications Station.
- If a Role Player needs to look at their notes briefly, please do not be alarmed.
- We have provided them with wording to the effect that they are unsure of an answer and need to check the notes they have kept about their child's illness and care.

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## INVIGILATORS

- When we run the exam face to face, we have helpers who guide candidates between station rooms and who do the knocks to let them know the timings and ends of stations. Helpers also play an important role in alerting the Hosts or Senior Examiners if an examiner in a station has an issue and needs to speak to them.
- Due to the changes in the exam, we now need to have helpers in the actual digital exam stations whose role it is to provide notice of the important times, starts and ends of stations as well as contacting the exam administrators and senior examiners on Slack if there are issues.
- Therefore all invigilators will be in regular contact with exam administrators throughout each circuit on Slack.
- The station timing guide earlier in this presentation provides all the timings as well as what the invigilator will say.
- The invigilator will also check the candidate's ID and admission document at the very beginning of the first station for each session.
- Finally, the invigilator will let all members of a station know when to begin reading, begin the station as well as to wait at the end of the station and when to move on.
- Please respect the invigilator's instructions, as they are helping the administrators to keep the entire circuit running on track and preventing any station from running out ahead or running far behind.


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## PRACTIQUE

- Logging in
- Moving about
- Screen shots
- Exiting

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## LOGGING IN TO PRACTIQUE

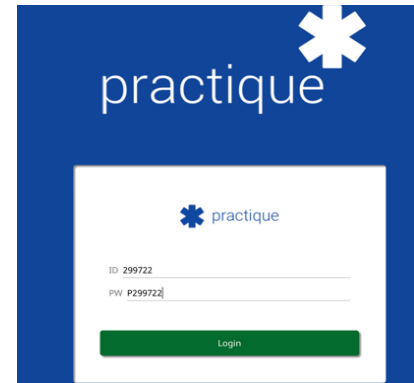
- Please remember that you should not participate in the exam from your hospital as the NHS firewalls can cause issues.
- If using a hospital/trust laptop, please do not connect to the web using the VPN.
- Copy and paste this URL into your Chrome web browser's address bar  
<https://rcpch.practique.net/html5/>
- Hit enter

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## LOGGING IN TO PRACTIQUE

On the first login screen enter your user ID and password

Press Login



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## LOGGING IN TO PRACTIQUE

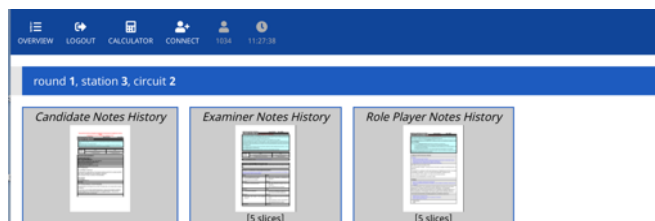
- You will see the exam download to your computer
- Once it has downloaded you will be at the Session login screen



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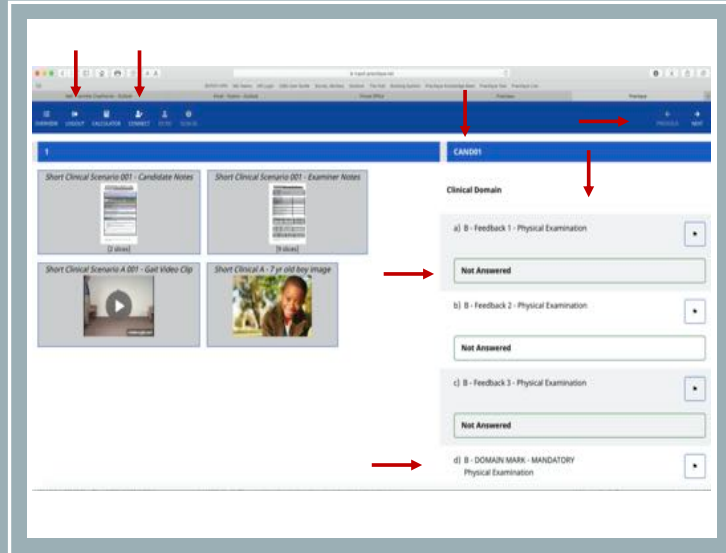
## LOGGING IN TO PRACTIQUE

- Enter your PIN code.
- Click the green button that says Take chosen exam.
- You will see a very short screen that shows percentages again
- Then you will be in your first station.
- Press CONNECT as soon as you arrive.

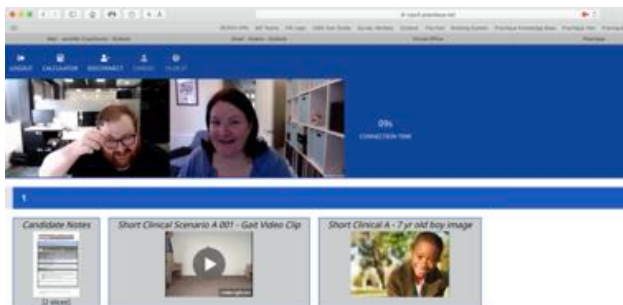


40

PRACTIQUE  
MOVING  
ABOUT



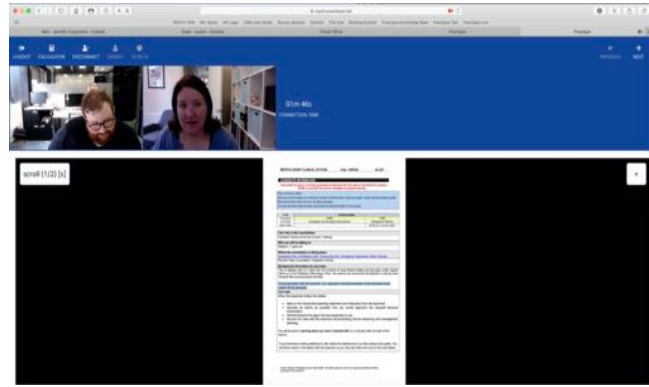
41



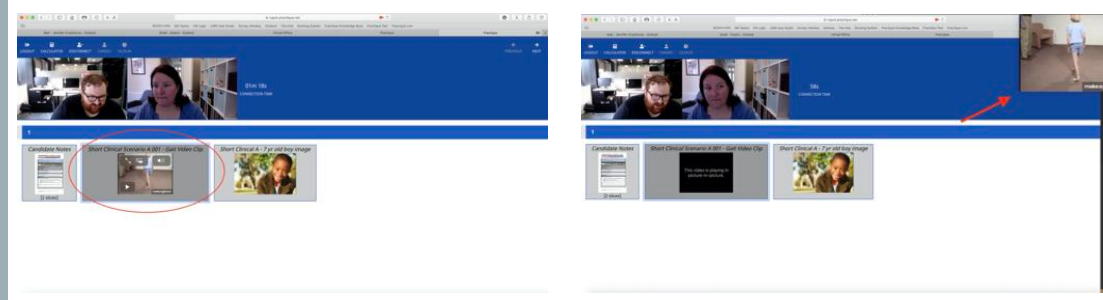
PRACTIQUE  
EXAMINER &  
CANDIDATE  
CONNECTED

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PRACTIQUE  
CANDIDATE  
NOTES

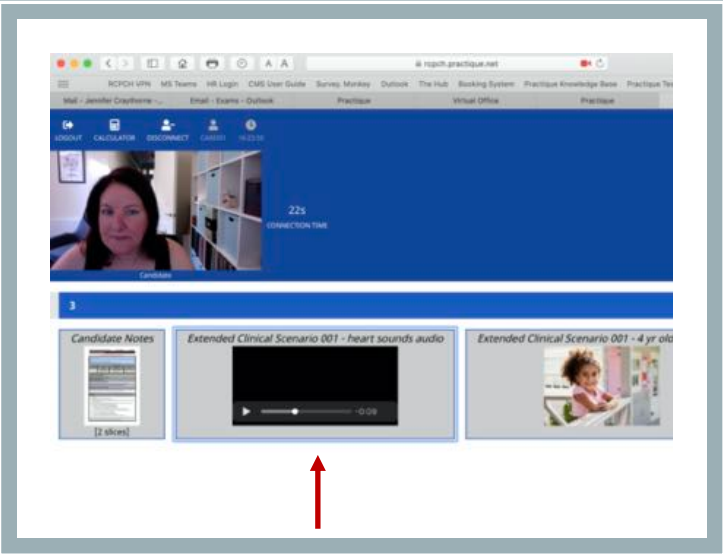


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PRACTIQUE  
CANDIDATE - UNIVERSAL CUE - VIDEO:  
SMALL WINDOW OR PICTURE IN PICTURE

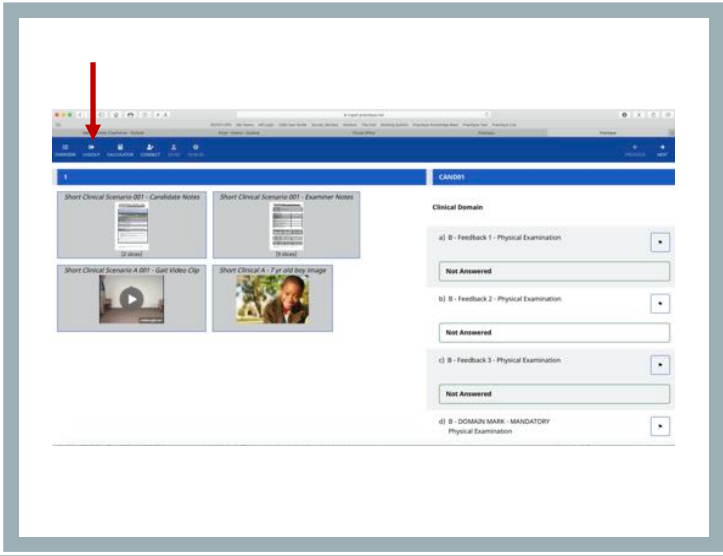
44



A screenshot of the Practique web application interface. At the top, there is a navigation bar with links like 'RCPCH Home', 'MS Teams', 'HR Login', 'CMS User Guide', 'Surveys', 'Mentor', 'Outlook', 'The Hub', 'Booking System', 'Practique Knowledge Base', and 'Practique Test'. Below this is a video player showing a woman's face. Underneath the video player, there are three tabs: 'Candidate Notes', 'Extended Clinical Scenario 001 - heart sounds audio', and 'Extended Clinical Scenario 001 - 4 yr old'. The 'Extended Clinical Scenario 001 - heart sounds audio' tab is active, showing a video player with a red arrow pointing to it.

PRACTIQUE  
UNIVERSAL CUE -  
AUDIO: SMALL WINDOW

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A screenshot of the Practique web application interface. At the top, there is a navigation bar with links like 'Home', 'About', 'Contact', 'Help', and 'Log Out'. Below this, there are four tabs: 'Short Clinical Scenario 001 - Candidate Notes', 'Short Clinical Scenario 001 - Examiner Notes', 'Short Clinical Scenario A 001 - Gad Video Clip', and 'Short Clinical A - 7 yr old boy image'. The 'Short Clinical Scenario 001 - Examiner Notes' tab is active, showing a list of scenarios. On the right side, there is a 'Clinical Domain' section with a list of scenarios and their status. A red arrow points to the top navigation bar.

PRACTIQUE  
EXITING THE  
SYSTEM

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## GETTING HELP

- If an issue arises in a station (bad connection, candidate or examiner drops off video etc) then please ask the invigilator to get in touch with the Exam Team and Senior Examiner on the Slack channel for the circuit.
- If you are unable to see or speak to the invigilator then please send us a message in the Slack channel to which you have been added.
- Please stay calm and know that you will not be disadvantaged because of a tech issue.