

DESCRIBING EXAMINATIONS AND CUES

In order to deliver a clinical examination without patients, candidates will now need to participate in an examination of a child similar to the way SIM training is run in Life Support courses in the UK and overseas.

Describing Examinations

In the MRCPCH Face-to-Face normal circuit no patient clinical examination, candidates will have to describe the process they would undertake of a physical or developmental examination instead of demonstrating the actual examination of a child. We encourage all trainees to practice describing how they will examine a child with various clinical presentations. Being able to describe the examination of a system in a focused and structured manner will be central to successful delivery. When doing so, being able to share with the examiner what you would be looking for will give the examiner confidence around your thought processes contributing to developing the clinical or developmental picture e.g.: 'I would look at muscle bulk and compare both sides to see if there is hypertrophy or wasting and whether this is unilateral or bilateral'.

The examiner may intervene to ask questions, probe statements or provide prompts during the station. The examiner will check the candidate's understanding of the task provided. If the candidate does not understand the task, they may ask the examiner to repeat it.

Cues

In this no patient exam, while candidates are describing the process of a system examination or developmental assessment, the examiner will provide 'cues' at key points to help build up a clinical picture (the signs the candidate would have picked up had they actually done a certain element of the exam). For instance, if the candidate said, "I would test the lower limb reflexes with a tendon hammer," the examiner would deliver a cue, "the reflexes are brisk on the left." Candidates should expect cues to be offered where they would have discovered signs in a real examination.

There are two types of cues: universal and dependent.

Dependent cues are the signs the candidate would have picked up had they actually examined the patient. These are provided by the examiner depending on whether the candidate describes a specific element of the clinical examination. For example, if the candidate said, "I would test the lower limb reflexes by tapping on the patellar tendon and tendo-achilles with a tendon hammer," the examiner would deliver a cue, "these reflexes are brisk on the left."

If a candidate:

1. Omits a relevant element in their description the examiner will **not** provide the dependent cue for that element. Such omissions can adversely impact on the signs the candidate identifies and consequently their formulation of the clinical problems and management.

2. Refers to an element of an exam in a cursory way, the examiner might ask for details before they provide the dependent cue for that element.

Candidates should expect dependent cues to be provided where they would have discovered signs in a real clinical examination or developmental assessment. To enable the examiner to provide these dependent cues, candidates are advised to take a breath/pause for a few seconds after they have described each element of the clinical examination before moving on to the next. In case a candidate does not pause, the examiner may indicate they have a dependent cue to deliver by raising a pen or their hand.

Universal cues are the signs that any candidate would have discovered simply by being in the room with the child. For example, a universal cue might be if a child had a prominent and visible scar, or was missing a limb, or wheezed every time they took a breath. These cues typically consist of photographs but may include audio or video recordings. These universal cues will be provided at the start of the station, during the four-minute reading time and are also available to the candidate throughout the station.

Other cues

Finally, there are some cues that should be *dependent cues* but are provided with *universal cues* at the start of the station for ease of delivery. For example, there might be an audio recording of a heart murmur that would only have been picked if a candidate auscultates the child's heart, or a scar is only visible if the candidate inspects carefully with the child appropriately undressed. Examiners will inform candidates where these cues relate to a specific element of the clinical examination. For instance, if the candidate says they will listen for a murmur over the upper right sternal edge, the examiner will inform the candidate that this is the position where the murmur in the audio recording would be best heard.

Reading & Review Time

In the 4 minutes prior to the start of the station, Candidates must read the candidate information sheet and **must review all cues**. Although these cues are available for the candidate to view/listen throughout the station, candidates should be mindful that the time they take to do this during the station will reduce the time for the different assessment stages of the station.