

STATION DESCRIPTIONS & FLOW CHARTS
Face-to-Face Normal Circuit
Patients in 4 Short Clinical Stations
(last updated 28 May 2024)

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DESCRIBING DEVELOPMENTAL ASSESSMENTS AND CUES

We have been able to return to patients in the four Short Clinical stations, but the Development station remains scenario-based. Therefore, candidates should think of their approach to a developmental assessment of a child as similar to the way SIM training is run in Life Support courses in the UK and overseas. For the four Short Clinical stations, candidates will conduct a normal examination of the patient in the station.

Describing Developmental Assessments

In the MRCPCH Face-to-Face normal circuit with some patient clinical examination, candidates will have to describe how they would undertake a developmental assessment instead of demonstrating the actual assessment of a child. We encourage all trainees to practice describing how they will assess a child with various presentations. Being able to describe a developmental assessment 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 developmental picture e.g.: ‘I would engage with the child to see if they can build a tower and if so, how many blocks high.’

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 exam, while candidates are describing the process of a developmental assessment, the examiner will provide ‘*cues*’ at key points to help build up a picture (the signs or information the candidate would have picked up had they actually done a certain element of the assessment with a child). For instance, if the candidate said, “I would see if the child was able to build a tower with blocks and see how many blocks high they could build it,” the examiner would deliver a cue, “the child is able to build a tower of 2 blocks high.” Candidates should expect cues to be offered where they would have discovered signs or information in a real developmental assessment.

There are two types of cues: universal and dependent.

Dependent cues are the signs or information the candidate would have picked up had they actually assessed the patient. These are provided by the examiner depending on whether the candidate describes a specific element of the developmental assessment. For instance, if the candidate said, “I would see if the child was able to build a tower with blocks and see how many blocks high they could build it,” the examiner would deliver a cue, “the child is able to build a tower of 2 blocks high.”

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/information the candidate identifies and consequently their formulation of the developmental issues and management.
2. Refers to an element of an assessment 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 or information in a real 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 assessment 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 dysmorphic features. 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 a video recording which shows a child's gait. Examiners will inform candidates where these cues relate to a specific element of the assessment. For instance, if the candidate says they would ask the child to walk for them, the examiner will refer them back to what they had seen when watching the video during the reading time.

Reading & Review Time

In the 3 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.

SHORT CLINICAL – 4 STATIONS X 9 MINUTES

Aim

The aim of the short Clinical stations is to assess candidate competence in clinical examination technique, the ability to elicit and interpret clinical signs, the ability to discuss their significance and undertake management planning. There will be a separate examiner at each station. There are no role players in these stations. The stations will each have a child in them.

The system focus in each station will vary across the exam. The Exams team will **try** to ensure there is no duplication of system focus across all the stations in a given circuit (morning or afternoon of each exam day). At the start of each short clinical station, the examiner will clearly state the system focus and task in the station. Examiners will ensure that candidates are clear about the system to be examined.

Candidates will be presented with a patient whose medical background could be related to any of the following systems:

- Cardiovascular
- Neurology/Neuro-disability
- Musculoskeletal
- Respiratory
- Abdominal
- Gastroenterology
- Ophthalmology
- Dermatology
- Hepatology
- Haematology
- Growth and nutrition
- Nephrology
- Other / Syndromes

Conduct

At the start of the station, the examiner will introduce themselves, the patient and their parent or carer (if present). The candidate is then provided with the task/system focus. The candidate will then carry out the relevant physical examination. The examiner may ask about the technique of examination, the clinical findings, and any issues related to the interpretation. The candidate is expected to discuss the implications of their findings and the child's management with the examiner.

Candidates will be expected to manage their time appropriately in order to undertake the physical examination. Examiners might move candidates on if they are taking too long so that they are able to discuss the next element of the station and receive a mark in each domain.

Introduction

At the start of the station, the examiner will state the system/area to be tested and the task to be completed.

Examples of tasks that candidates may be asked to undertake could include:

Example 1: Anita is 14 years old and has difficulty walking. Please undertake a peripheral neurological examination
Example 2: Nayan is 11 years old and has chronic kidney disease. Please undertake an abdominal examination.
Example 3: Richard is 7 years old and has been referred by his GP after finding a murmur during an examination for a chest infection. Please undertake a cardiovascular examination.

Candidates are expected to provide a management plan for the short clinical stations.

Details on what is expected of candidates when performing a clinical examination of children and young people are available on the MRCPCH Clinical Face-to-Face Guidance Hub. Please refer to the document titled *Clinical Examination Technique*

Hints & Tips

Upon receiving instruction on the task for the station from the examiner, candidates are advised to request clarification of any part of the task that they do not fully understand.

Examiners are looking for a focused and organised approach. They want to see a systematic, fluid approach to the physical examination. The examination should be delivered in a slick and succinct manner, without getting stuck on a particular aspect of the physical examination. Confidence in the delivery of the physical examination is helpful as it implies that the candidate has regularly examined children.

To properly prepare, candidates should practice their delivery of examinations across all system types and continue to assess as many children as possible.

Standards

Candidates should be competent in assessing all of the systems listed above. Candidates are expected to demonstrate the clinical skills and knowledge expected of a trainee ready to progress into Level 2 training.

SHORT CLINICAL STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
B Physical Examination	<ul style="list-style-type: none"> • Well-structured, systematic exam technique. • Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine being sought. • Appropriate use of equipment/development toys (if relevant)
C Identification of Clinical Signs	<ul style="list-style-type: none"> • Identifies clinical signs that are present. • Correctly interprets clinical signs that are present.
D1 Clinical Reasoning	<ul style="list-style-type: none"> • Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 Management Planning	<ul style="list-style-type: none"> • Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to parental concerns if relevant including appropriate referral or escalation.

SHORT CLINICAL STATION FLOW CHART

Short Clinical		
Personnel in station – Candidate, Examiner, Patient & Parent/Carer		
4 Min		<ul style="list-style-type: none"> • There is no candidate information sheet for the Short Clinical stations • At 4 minutes, candidate enters station
6		<ul style="list-style-type: none"> • Examiner introduces self, patient and parent/carer • Examiner provides introductory statement (very briefly) including the system and task • Examiner asks candidate to conduct a focused examination
	B	<ul style="list-style-type: none"> • Candidate undertakes the relevant examination
	C	<ul style="list-style-type: none"> • Examiner asks candidate to briefly summarise the key clinical signs they have elicited
		<ul style="list-style-type: none"> • Candidate briefly summarises key clinical signs • Examiner asks candidate for their interpretation of signs and their implication
		<ul style="list-style-type: none"> • Candidate provides their interpretation of signs and meaning
3	D1	<ul style="list-style-type: none"> • Examiner asks candidate what is the most likely diagnosis/differential diagnosis
		<ul style="list-style-type: none"> • Helper warns 3 minutes left
	D2	<ul style="list-style-type: none"> • Examiner asks candidate questions around complications, investigations and management
		<ul style="list-style-type: none"> • Candidate responses to questions • At 9 minutes, Helper announces the station is over and candidate moves on

DEVELOPMENT – 1 STATION X 22 MINUTES

Aim

The aim of the Development station is to assess the candidate's ability to take a focused developmental history (from the role-player), describe how they would undertake an assessment around key areas of development (with the examiner), and integrate these findings to understand the reasons for the child's difficulties, including the impact on the child and family. There will be a role player in this station. The station is based on centrally written and bench marked scenarios.

In this station, it is more than likely that the scenario will be based on a child with an established diagnosis. Relevant information (e.g. charts, photos, short audio or video clips) will be provided where necessary.

The area of developmental focus will vary across the exam. The candidate information sheet will clearly state the developmental area and task in each station. Examiners will ensure that candidates are clear about the focus of assessment.

Candidates will be presented with a scenario about a patient whose developmental difficulties could be in any of these areas:

- **Gross motor** - posture and movement
- **Fine motor** - vision and manipulation
- **Speech and language** - hearing and speech
- **Social and Communication skills**

Candidate information

Each candidate will be given a candidate information sheet that clearly states the background information and the task required. This will be provided before the start of the station. Universal cues related to the scenario (photos, growth charts, audio or video) will also be provided prior to the start of station. Candidates will have time to read the candidate information and review any cues. If the candidate does not understand the task, they may ask the examiner for clarification.

Conduct

At the start of the station, the examiner will introduce themselves and the role player. The candidate is then asked to begin the station with the history taking, after which the examiner will listen and observe the candidate take the relevant history. Once the candidate summarises the key points obtained from the history, the examiner will ask the candidate to describe the process of the focussed developmental assessment during which the examiner may enquire about the finer details of how this would be undertaken, share the findings as dependent cues, and clarify any issues related to the interpretation provided. The candidate is expected to discuss the implications of their findings and the management plan with the examiner.

Being able to describe the assessment in a focussed and systematic manner will be central to successful delivery. Examiners will assess the candidate's ability to make appropriate use of toys and other equipment for their assessment. When doing so, being able to share with the examiner what information is being sought will give the examiner confidence around the thought processes contributing to developing the developmental picture.

If a candidate has reached the end of the history taking with the role player prior to the end of the time allotted for this, the examiner will check that they have finished and also ensure they understand that they can move on to the next element of the station but that they will **not** be allowed to go back and ask any further questions of the role player.

Candidates will be expected to manage their time appropriately in order to undertake the focussed history and describe the developmental assessment. Examiners might move candidates on if they are taking too long on a particular task so that they are able to discuss the next elements of the station and award marks for each domain.

Examiners may intervene to ask questions, probe statements or provide prompts during the station.

Introduction

The scenarios set will include the introduction/task to be completed and the system/area to be examined.

Examples of tasks that candidates may be asked to undertake could include:

<p>Example 1: 'Joe is 4 years old. He was born at 25 weeks gestation and has cerebral palsy. Please take a relevant developmental history.</p> <p>During discussion with the examiner, your approach to the clinical evaluation of Noah's fine motor skills will be assessed. During the history taking, you may not ask direct questions about these skills.</p>
<p>Example 2: Paul is 3 years old. His parents are concerned about his speech. Please take a relevant developmental history.</p> <p>During discussion with the examiner, your approach to the clinical evaluation of Noah's speech and social communication development will be assessed. During the history taking, you may not ask direct questions about these skills.</p>
<p>Example 3: Leya is 11 months old. Her parents are concerned she isn't sitting on her own. Please take a relevant developmental history.</p> <p>During discussion with the examiner, your approach to the clinical evaluation of Leya's gross and fine motor development will be assessed. Therefore you should not ask detailed questions about gross and fine motor skills during history taking.</p>

A full developmental assessment is not possible within the time available in the Development Station and candidates will be presented with 1 or at most 2 areas of development to assess.

Candidates will be expected to offer a view on the child's neurodevelopmental status. Candidates should present their findings based on the specific task presented to them. The estimated developmental age should be supported by evidence of the age-appropriate skills which the child can perform and the observation that the child is not able to perform a skill which might be expected of a slightly older child.

Candidates will be expected to outline a management plan and demonstrate their knowledge of the roles of the relevant members of the multidisciplinary team specific to their scenario.

Details on what is expected of candidates when performing a developmental assessment of children and young people are available on the MRCPCH Clinical Face-to-Face Guidance Hub. Please refer to the document titled *Clinical Examination Technique*

Hints & Tips

The developmental toys list and photo will be available for all focuses except gross motor, along with the candidate information sheet, at the beginning of the station, and will remain available throughout the station. Candidates will also have a developmental kit with toys and other objects available within the station to refer to.

When obtaining the history, candidates can gather information about the child's developmental progress ***in areas other than the area to be focussed on during examination***. If the candidate strays into the area to be assessed, role players will not have the information to provide to the candidate. The examiner might also indicate that this can be discussed during the description of the assessment.

Please note: Scenarios will be based on children with mild to moderate developmental difficulties who may or may not have an associated syndrome or neurological abnormality. Where there is a syndrome or neurological abnormality, these should be noted, but the aim of the station is not to undertake a detailed identification of dysmorphic features or assessment of the abnormal neurological signs.

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 investigations, whether the child simply needs observation over time or whether the parent can be reassured. Candidates should demonstrate the skills and knowledge expected of a trainee ready to progress into Level 2 training but not necessarily one who has worked extensively in a child development centre.

DEVELOPMENT STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
A1 Information Gathering/History Taking	<ul style="list-style-type: none"> • Asks key relevant questions. • Sensitively gathers appropriate information. • Explores main problems/concerns of role-player in structured manner.
B Physical Examination	<ul style="list-style-type: none"> • Well-structured, systematic exam technique verbalised. • Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine sought. • Appropriate use of equipment/development toys (if relevant) verbalised
C Identification of Clinical Signs	<ul style="list-style-type: none"> • Identifies clinical signs that are present. • Correctly interprets clinical signs that are present.
D1 Clinical Reasoning	<ul style="list-style-type: none"> • Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 Management Planning	<ul style="list-style-type: none"> • Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.
E1 Communication Skills: Rapport & Communication Style	<ul style="list-style-type: none"> • Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with role-player. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.

DEVELOPMENT STATION FLOW CHART

Please note that E domains are not represented in this chart, as they are measured across the entirety of the station.

Development		
Personnel in station: Candidate, examiner & role player		
4 Min		<ul style="list-style-type: none"> • Candidate reads Candidate Information Sheet • Candidate reviews any audio/video/photo universal cues • At 4 minutes, candidate enters station
9 Min		<ul style="list-style-type: none"> • Examiner introduces self and role player • Examiner provides introductory statement (very briefly) • Examiner asks candidate to take a focused history
	A1	<ul style="list-style-type: none"> • Candidate takes history • At 6 minutes, Helper announces 'you have 3 minutes left to gather your history' • At 9 minutes, Helper asks candidate to stop taking the history
	A1	<ul style="list-style-type: none"> • Examiner asks candidate to briefly summarise key findings from the history • Candidate briefly summarises key findings from history
9 Min	B	<ul style="list-style-type: none"> • Examiner asks candidate to describe step by step process of how they would undertake a developmental assessment • Candidate describes developmental assessment process • Examiner provides dependent cues to candidate during the candidate's description of process
	C	<ul style="list-style-type: none"> • Examiner asks candidate to briefly summarise the key developmental signs they have elicited • Candidate briefly summarises key developmental signs • Examiner asks candidate for their interpretation of signs and what they mean • Candidate provides their interpretation of signs and meaning • Helper warns 3 minutes left
3 Min	D1	<ul style="list-style-type: none"> • Examiner asks candidate what is the most likely diagnosis/differential diagnosis
	D2	<ul style="list-style-type: none"> • Examiner asks candidate questions around complications, investigations and management • Candidate responses to questions
		<ul style="list-style-type: none"> • At 22 minutes, Helper announces the station is over and candidate moves on

HISTORY – 1 STATION X 22 MINUTES

Aim

The aim of the History station is to assess that the candidate can take a focused history, can summarise the main points and integrate these to come up with a diagnosis or differential diagnosis. Candidates will then need to prioritise any necessary investigations and formulate a management plan. There will be a role-player in this station. The station is based on centrally written and bench marked scenarios.

Each scenario is based on a child or young person who could have a new diagnosis (e.g. epilepsy, headaches, joint pains etc.), or a specific problem with an already established diagnosis (e.g. weight loss in a diabetic child, feeding problems in a child with cerebral palsy, etc.).

The candidate will not be required to examine a patient. Relevant information including growth charts and results of investigations will be provided where necessary.

The focus of this station is to test the candidate's ability to take a history focussed on a child or adolescent's current problem, summarise and recognise the main issues and discuss their management. It is not a test of the ability to take a comprehensive history. Candidates are unlikely to be asked to repeat the whole history as the examiner has just witnessed this being obtained.

Candidate information

Each candidate will be provided with a candidate information sheet that describes the candidate's role, the clinical background and instructions. This is to be read before the start of the station. It is often in the form of a letter to the candidate, asking them to see the parent or adolescent (role-player).

Candidates will be expected to take the history from a role-player. If the role-player asks questions during the consultation, it may be appropriate to answer these. The examiner will then test candidate's knowledge of the issues raised and the management plan.

Conduct

At the start of the station, the examiner will introduce themselves and the role player. The candidate is then provided with the task. The examiner will then observe the interaction between the candidate and the role player.

Candidates will be expected to manage their time appropriately in order to undertake the focussed history. Examiners might move candidates on if they are taking too long on a particular task so that they are able to discuss the next elements of the station and award marks for each domain.

If a candidate has reached the end of the history taking with the role player prior to the end of the time allotted for this, they are **not** permitted to move on to the next element of the station.

Introduction

The scenario will include some background and the task to be completed.

Examples of tasks that candidates may be asked to undertake could include:

<p>Example 1: Marwan is 15 months old and has not put on weight in the last few months.</p> <p>Please take a focused history and outline your management plan.</p>
<p>Example 2: Fatima is 4 years old and has presented with three days of vomiting and abdominal pain.</p> <p>Please take a focused history and outline your management plan.</p>

Hints & Tips

Upon receiving instruction on the task for the station from the examiner, candidates are advised to request clarification of any part of the task that they do not fully understand.

Examiners are looking for a focused and structured approach to history taking. This should be no different to what is undertaken in clinical practice but to properly prepare, candidates should embrace all opportunities in the workplace.

Standards

Candidates are expected to demonstrate the clinical skills and knowledge expected of a trainee ready to progress into Level 2 training.

HISTORY STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
A1 Information Gathering/History Taking	<ul style="list-style-type: none"> • Asks key relevant questions. • Sensitively gathers appropriate information. • Explores main problems/concerns of role-player in structured manner.
D1 Clinical Reasoning	<ul style="list-style-type: none"> • Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 Management Planning	<ul style="list-style-type: none"> • Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.
E1 Communication Skills: Rapport & Communication Style	<ul style="list-style-type: none"> • Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with role-player. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.
E2 Verbal & Listening Communication Skills	<ul style="list-style-type: none"> • Applies active listening & displays interest toward role-player. • Allows others opportunity to speak. • Appropriate language used in challenging circumstances with any jargon explained.

HISTORY STATION FLOW CHART

Please note that E domains are not represented in this chart, as they are measured across the entirety of the station.

History			
Personnel in station: Candidate, examiner & role player			
4 Min		<ul style="list-style-type: none"> • Candidate reads Candidate Information Sheet • At 4 minutes, candidate enters station 	
13 Min		<ul style="list-style-type: none"> • Examiner introduces self and role player • Examiner provides introductory statement (very briefly) • Examiner asks candidate to take a focused history 	
		A1	<ul style="list-style-type: none"> • Candidate takes history • At 9 minutes, Helper announces 4 minutes left to gather history
			<ul style="list-style-type: none"> • At 13 minutes, Helper announces end of history taking
	9 Min	D1	<ul style="list-style-type: none"> • Candidate discusses the patient's problems with the examiner
<ul style="list-style-type: none"> • Helper warns 3 minutes left 			
D2		<ul style="list-style-type: none"> • Candidate discusses management planning with the examiner 	
		<ul style="list-style-type: none"> • At 22 minutes, Helper announces the station is over and candidate moves on 	

COMMUNICATION – 2 STATIONS X 9 MINUTES

Aim

The aim of the Communication stations is to test the candidate's ability to communicate appropriate, factually correct information in an effective manner within the context of the clinical setting.

The two stations are based on centrally written and bench marked scenarios. The Communication station involves a role player. The role-player may take on the role of a parent, an adolescent, a health professional or a member of the public. Candidates might be asked to act out a telephone conversation, a video consultation or a face-to-face encounter.

There are 6 main patterns of communication scenario:

- information giving (e.g. please tell this teenager about the diagnosis)
- breaking bad news (e.g. please explain the results of the ultrasound and its implications)
- consent (e.g. please explain why there is a need to do a lumbar puncture with a view to obtaining consent)
- critical incident (e.g. please talk to the parent of the child who has been given the wrong drug)
- ethics (e.g. please discuss the problem as Anna has refused to have any blood tests)
- education (e.g. please explain to the SHO so that she can understand the situation)

Candidates may be asked to explain the use of common medical devices.

Candidate Instructions

Each candidate will be provided with a brief candidate information sheet which will provide information about their role, the clinical background and the required task. This is provided for the candidate to read before the station begins. Information including growth charts and results of investigations will be provided if relevant.

Candidates will be marked on their communication skills. This means that the candidate needs to:

- select the most appropriate information to communicate
- provide information that is correct
- explain issues in an appropriate way without jargon
- respond and adapt to the emotional context of the station/manage concerns.

This station is not a test of the amount of information conveyed. Candidates should avoid asking irrelevant questions or providing superfluous information. The examiner in the Communication stations will observe the candidate but not ask questions.

Conduct

At the start of the station, the examiner will introduce themselves and the role-player. The candidate is then provided with the task (also available on the candidate information sheet), and will be invited to begin the interaction with the role-player. The examiner will then listen to the interaction for the entirety of the station.

Candidates will be expected to manage their time appropriately in order to complete the task within the given time. It is good practice to summarise the main points with the role-player before the end of the station to clarify understanding

Introduction

The scenario will include some background and the task to be completed.

Examples of tasks that candidates may be asked to undertake could include:

Example 1: Ben is 15 years old and has mild well controlled asthma. Please discuss Ben's future management plan.
Example 2: Discuss the importance of a chaperone in clinical practice with a junior trainee.

Hints & Tips

Upon receiving instruction on the task for the station from the examiner, candidates are advised to request clarification of any part of the task that they do not fully understand.

Examiners are looking for a confident, composed and empathetic approach during the consultation. It is important to demonstrate good listening skills and respond appropriately within the context of the scenario. Candidates will be assessed on their knowledge around the topic being discussed. It is important to keep the conversation free of jargon, and where unavoidable, should be followed up by a layman explanation. Where possible, candidates should use diagrams to help provide explanation of the topic in hand. Summarising, providing opportunities to meet again, sign posting to useful websites/links are all advisable. Confidence in undertaking the consultation implies that the candidate has developed appropriate experience in managing such situations.

Standards

Candidates are expected to demonstrate the standard of communication skills and knowledge expected of a trainee ready to progress into Level 2 training.

COMMUNICATION STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
A2 Information Sharing /Accuracy of Information	<ul style="list-style-type: none"> • Explains relevant, clinically accurate information. • Information provided in a well-structured manner. • Verifies understanding - summarises.
E1 Communication Skills: Rapport & Communication Style	<ul style="list-style-type: none"> • Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with role-player. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.
E2 Verbal & Listening Communication Skills	<ul style="list-style-type: none"> • Applies active listening & displays interest with role-player • Allows others opportunity to speak • Appropriate language used in challenging circumstances with any jargon explained.
E3- Managing Concerns & agreeing next steps	<ul style="list-style-type: none"> • Seeks, identifies, acknowledges, attempts to address concerns appropriately. • Displays natural empathy with the role-player. • Checks knowledge & understanding and agrees next steps.

COMMUNICATION STATION FLOW CHART

Please note that E domains are not represented in this chart, as they are measured across the entirety of the station.

Communication		
Personnel in station: Candidate, examiner, & role player		
4 Min		<ul style="list-style-type: none"> • Candidate reads Candidate Information Sheet • At 4 minutes, candidate enters station
9 Min		<ul style="list-style-type: none"> • Examiner introduces self and the role player
		<ul style="list-style-type: none"> • Examiner provides introductory statement (very briefly)
		<ul style="list-style-type: none"> • Examiner asks candidate to begin the station
	A2	<ul style="list-style-type: none"> • The candidate undertakes discussion with the role player.
		<ul style="list-style-type: none"> • Helper warns 3 minutes left
		<ul style="list-style-type: none"> • At 9 minutes, Helper announces the station is over and candidate moves on

VIDEO – 2 STATIONS X 9 MINUTES

Aim

The aim of the Video station is to assess the candidate's ability to make clinical observations and decisions. The ability of the candidate to identify clinical signs which cannot be easily or safely assessed in other parts of the examination is examined here. Acute signs seen in emergency departments and neonatal units may be assessed in this station. In addition to identification of clinical signs, the candidate will be expected to discuss questions around clinical reasoning and initial management.

There are no role players in these stations. The stations are based on centrally written and bench marked scenarios. Questions and pass standards are validated by the College exam board to ensure uniformity of benchmarking and appropriateness of content.

Scenarios may include acute problems such as respiratory distress or seizures. There may be testing of signs found on clinical examination (e.g. cardiac murmurs, respiratory distress or abnormal gait) or simple observation of a child or baby (e.g. seizures, grunting neonate etc.).

The video clips may or may not be accompanied by sound, which will be indicated in the candidate information sheet.

Candidate Information

Each candidate will be given a brief introduction to the scenario in the candidate information sheet which they will read prior to the start of the station.

Once the station begins, the candidate will be asked to watch the video clip which they can do as many times as they wish in the given time (3 minutes). The helper will let the candidate and examiner know once the time is up. During this time the candidate may pause/repeat the video. Candidates will not be able to view the video clip again after this time has elapsed.

The candidate will then be expected to discuss their findings and answer the examiner's questions. The examiner will ask the candidate questions relating to the scenario and video clip. This will usually centre around the candidate's interpretation of the clinical signs seen on the video clip, the provisional diagnosis and management plan. If the candidate does not understand the task or any of the questions that are asked, the candidate may ask the examiner to repeat it.

Some of the video clips are accompanied by sound recordings, but not all. The candidate information sheet will notify the candidate if the clip has sound and whether it is relevant to the station. Candidates should not be concerned if a particular clip does not have sound.

Video clips used in the Video Station will vary in length between 30 seconds – 1 minute and 30 seconds.

Conduct

At the start of the station, the examiner will introduce themselves. The examiner will wait quietly while the candidate views the video clip. Once notified by the helper that this viewing time is up, the examiner will begin to ask questions around the video-clip.

Candidates should be aware that examiners will prompt them with a hypothetical diagnosis so that they are able to discuss management planning appropriately during the last 3 minutes of the station.

Introduction

The scenario will include some very brief background information.

Examples of such information could include:

Example 1: This 4-year old boy presented with a rash.
Example 2: This 8-year old girl presented with wheezing.

Hints & Tips

Examiners are looking for candidates who are able to interpret clinical signs, integrate them to come up with a diagnosis and formulate a management plan.

Standards

Candidates should demonstrate the skills and knowledge expected of a trainee ready to progress into Level 2 training.

VIDEO STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
C Identification of Clinical Signs	<ol style="list-style-type: none"> 1. Identifies clinical signs that are present. 2. Correctly interprets clinical signs that are present.
D1 Clinical Reasoning	<ol style="list-style-type: none"> 1. Formulates & proposes likely appropriate differential diagnosis 2. Understands implications of findings. 3. Able to suggest appropriate steps if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> 1. Relevant investigations to appropriately address identified problems. 2. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation.

VIDEO STATION FLOW CHART

Video		
Personnel in station: Candidate & examiner		
4 Min		<ul style="list-style-type: none"> • Candidate reads Candidate Information Sheet • At 4 minutes candidate enters station
3 Min		<ul style="list-style-type: none"> • Examiner introduces self
		<ul style="list-style-type: none"> • Examiner provides introductory statement (very briefly)
		<ul style="list-style-type: none"> • Candidate views the video clip as many times as they wish during first 3 minutes of station
		<ul style="list-style-type: none"> • At 3 minutes, Helper calls time and candidate stops watching video
3 Min	C & D1	<ul style="list-style-type: none"> • Examiner asks Candidate to identify clinical signs from the video • Candidate identifies clinical signs • Examiner asks candidate to formulate likely diagnosis/differential diagnosis • Candidate formulates likely diagnosis/differential diagnosis
		<ul style="list-style-type: none"> • Helper warns 3 minutes left
3 Min	D2	<ul style="list-style-type: none"> • Examiner prompts with hypothetical diagnosis • Examiner asks candidates questions relating to D2/management planning • Candidate discusses management planning with examiner
		<ul style="list-style-type: none"> • At 9 minutes, Helper announces the station is over and candidate moves on