

CANDIDATE INFORMATION

This station assesses your ability to address a father about his worries regarding his son's illness.

This is a 9-minute station consisting of spoken interaction. You will have up to 4 minutes before the start of this station to read this sheet and prepare yourself. You may make notes on the paper provided.

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

You are not required to examine a patient.

The encounter should be focussed on the task. The good candidate will choose factually correct information, convey this in an appropriate way, and react well to the emotional context of the station. You will be penalised for asking irrelevant questions or providing superfluous information. You will be marked on your ability to communicate, not the speed with which you convey information. You may not have time to complete the communication.

You are: A specialty registrar (ST4) in Paediatrics.

You will be talking to: The father of a 10.5 year-old boy who is a known case of Down Syndrome.

Setting: Outpatient department of a district general hospital

Background information: Abdulla is a 10.5 year-old boy with Down's Syndrome (chromosome trisomy 21 - nondysjunction). He was diagnosed at the age of 3 months to have an AV canal defect. Banding was done at age of 3 months and then total correction was carried out at the age of 1.5 years. At the age of 3 years, he was referred to the Endocrine Unit because of discovery of autoimmune hypothyroidism and is on treatment.

Any other information: He is growing at the 3rd centile in height while his weight is at the 50th centile. At the age of 4 years, he developed extensive frontal and temporal alopecia for which he received treatment from the dermatologist with some improvement. He has mild mental retardation but is not in school since his father does not think that he is capable of being in a regular school.

Task: Identify father's current concerns about the patient's clinical condition and future plans and prognosis.

YOU ARE NOT EXPECTED TO GATHER THE REST OF THE MEDICAL HISTORY

MRCPC COMMUNICATION SKILLS STATION

ROLE PLAYER INFORMATION

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

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You are: The father of 3 children with the eldest being Abdulla (aged 10.5 years) who was diagnosed to have Down's Syndrome at birth.

Background information: Abdulla had heart failure due to a congenital heart defect (AV canal defect) and banding at the age of 3 months and then total correction was done at the age of 1.5 years. He is currently not on treatment for the heart.

At the age of 3 years, Abdulla's thyroid functions were checked during a visit to the Developmental Department and he was found to have hypothyroidism. He was referred to the Endocrine Unit and was started on thyroid replacement therapy to which he is compliant. Abdulla has a small penis but both testes are in the scrotum.

At the age of 4 years, Abdulla developed extensive hair loss at the front and side of the scalp. He received treatment from the dermatologist with some improvement.

Your son is not at school because you had thought that his mild mental retardation would not allow him to be in a regular school. Now you are reconsidering education prospects for Abdulla

Any other information: Chromosomal analysis done for you and your wife was found to be normal. Your younger children are normal.

Your general feelings:

- You are unsure and worried about the future of your child.

The following questions are for your guidance. They should not be asked as a list.

- What are the risks of recurrence for future children?
- Schooling prospects for Abdulla.
- Cause of your son's hair loss and if it will ever grow again.
- Any special precaution regarding Abdulla's cardiac status?
- You want to know if your son can get married and have children.

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

EXAMINER INFORMATION

This station assesses the candidates' ability to address a father about his worries regarding his son's illness.

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

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

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

The candidates' task: Identify father's current concerns about the patient's clinical condition and future plans and prognosis.

GUIDE NOTES TOWARDS EXPECTED STANDARD

Examiner marking criteria:

Candidates should:

- Sympathetically but firmly engage with the father.
- Be able to explain
 - The risks of recurrence in Trisomy 21.
 - That the child should go to school for improving his developmental and mental capabilities. Special schools are available for children of special needs and developmental challenges.
 - The possibility to link alopecia areata as an autoimmune disease to Hashimoto thyroiditis
- Realise the need for subacute bacterial endocarditis prior to dental procedures.
- Realise that Down Syndrome males are infertile