



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

MRCPCH CLINICAL EXAMINATION

INFORMATION FOR CANDIDATES

Revised August 2012

THE AIM OF THE EXAMINATION

The aim of the examination is to assess whether candidates have reached the standard in clinical skills expected of a **newly appointed Specialist Registrar/ST4**.

Candidates are expected to demonstrate proficiency in:

- Communication
- History-taking and management planning
- Establishing rapport with both parents and children
- Physical examination
- Child development
- Clinical judgement
- Organisation of thoughts and actions
- Recognition of acute illness
- Knowledge of paediatrics and child health
- Professional behaviour
- Ethical practice

THE FORMAT OF THE EXAMINATION

The examination is guided by important educational principles while holding to the considerable strengths of a clinical examination including the examination of real children.

The MRCPCH Clinical Examination includes:

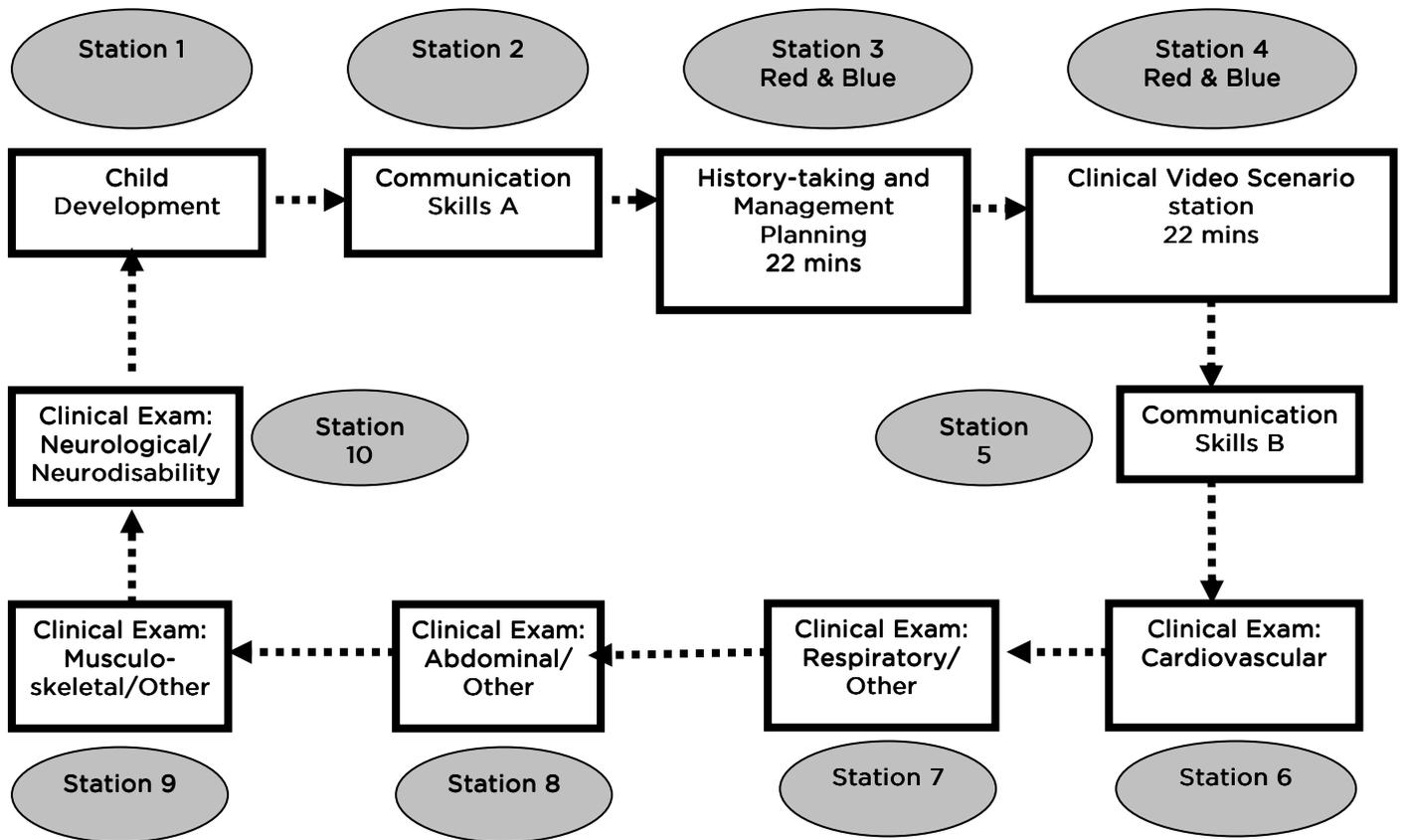
- 10 objective assessments of each candidate. The number and length of time of candidate assessment increases reliability of the exam
- Explicit and structured testing of communication skills
- Observed history taking and discussion of management
- 6 “short case” assessments, emphasising clinical examination
- Candidates will normally be assessed by a different examiner at each clinical station, so performance at one station does not influence the next station
- Assessment and management of the child with developmental problems
- Acute paediatrics

HOW DOES THIS EXAMINATION DIFFER FROM AN UNDERGRADUATE OSCE?

- In many OSCEs, marks are awarded for each task performed according to a checklist. Our exam requires not only correct process, but also the ability to identify problems or signs and the integration of these findings.
- The final mark for each station (*the only mark which goes towards examination pass or fail*) is determined by the examiner assessing the candidate’s overall performance.
- The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

THE EXAMINATION CIRCUIT

The basic examination circuit is represented in the diagram below (last revised January 2009):



- 1 Examiner per station, none for clinical video scenario stations.
- 10 Examiners for the circuit, 1 additional examiner for back up / quality assurance.
- Candidates join at each station of the circuit making 12 total per circuit.
- 2 candidates at the History Taking and Management Planning station & 2 at the Clinical Video Scenario station at any one time.
- In total there are 10 objective assessments per candidate.
- The History-taking & Management Planning Stations and the Clinical Video Scenario Stations are 22 minutes in length, with the other 8 stations being of 9 minutes duration.
- There are 4-minute breaks between each Station with the entire circuit taking 152 minutes to complete.
- The sequence in which a candidate takes the stations in the circuit will vary.

COMPONENTS OF THE CLINICAL EXAMINATION

Station 1: Child development - clinical assessment - 1 x 9 minutes

Aim - to assess the candidate's ability to perform developmental assessment by

- Clinical developmental assessment of the child
- History taking from the parent / carer or child (if permitted)
- Any other material provided at the station, e.g. the parent held record, growth chart.

As time is limited, candidates will usually be asked to assess a specific problem related to a child's development.

Candidate information - You will be asked to assess a specific area of the child's development. The emphasis is on clinical developmental assessment. You will usually be able to ask the parent for information about the child's development, age or history. The parent is usually asked not to tell you about therapy that the child is receiving.

You are expected to make an assessment of development and to be able to discuss the implications of their findings and the child's management. This is a clinical assessment and not a psychometric assessment.

Suitable toys and other equipment will be provided. You will need to select the most appropriate tools for developmental assessment. You should not bring toys or other developmental tools to prevent problems with safety.

Details about what is expected of candidates when performing the clinical assessment of child development is provided in this document and the RCPCH website (www.rcpch.ac.uk/exams)

Please note:

- The emphasis is on developmental assessment and candidates should not use history taking where clinical assessment is appropriate.
- The children should usually have a developmental abnormality but may occasionally have normal development.
- Children will have a developmental age of less than 5 years.
- Formal psychometric testing will not be required.

This is complex area of paediatrics that relies upon experience and local knowledge of facilities available. In the examination the standard is that of a newly appointed Specialist Registrar.

General Points:

- The child will normally have a mild to moderate developmental problem with or without a syndrome or neurological abnormality.
- The child will have a developmental age of less than 5 years.
- Where there is a syndrome or neurological abnormality, the aim of the station should NOT be to test the identification of dysmorphic features or abnormal neurological signs.
- As there is not enough time to carry out a full developmental assessment (except perhaps in an infant), the examiners will decide which aspect of development they wish the candidate to assess. Where a candidate has done very well and has completed their assessment quickly or where the child has been fractious, further instructions can be given.

- A selection of appropriate toys and tools will be provided at the station.
- Candidates are not expected to perform psychometric testing. They should not use their own toys.
- Within 9 minutes the candidate should be able to test the indicated area of development and determine the nature and severity of the problem, and the degree of confidence with which this assessment is made.
- The candidate should be able to outline the main areas of management and demonstrate their knowledge of the roles of the members of the multidisciplinary team dealing with child developmental problems.

Hints & Tips

The examiners are looking for an organised approach - and the best thing you can do in preparation, is to assess as many children as possible. Start with children who are cooperative and don't have any developmental delay evident.

Follow a clear and systematic pattern - for example if you are asked to examine the fine motor skills of a three year old, start with building blocks, building towers and bridges. Start with easy tasks before moving on to more difficult ones and gain a good idea of where the child's limits are. Next move on to using crayon or pencils and paper. Again start with simple tasks - copy a straight line, then a circle, then a T, H, V or an X. Can they draw a man? Demonstrate these to the child and see how he responds.

Next try threading beads and see how they cope and next see how they use scissors. Make sure you demonstrate these tasks to the child and that the child is interested in the items offered to him.

Try to do all of this with the child sitting at a small table - clear the items of equipment away each time before moving on to the next one - don't leave lots of different items on the table to distract the child - a recipe for disaster!

For gross motor skills have a structured approach again. Sitting, standing, walking, running, hopping, jumping, riding a trike, throwing and catching a ball. Show the examiner that you have done this before and understand what you would expect of the child - if the child is unable to perform the tasks required - make things simpler and comment on the gaps in ability.

Some of you are starting well below the child's ability and not getting to their actual developmental age - don't forget to keep challenging the child until you have found what they can do and what they cannot do.

Standards

The candidate should be competent at assessing any area of development and you should be able to decide whether the child should have further therapy or investigation, whether the child simply needs observation over time or whether the parent can be reassured. You should demonstrate the knowledge you would expect from a newly appointed Specialist registrar but not necessarily one who has worked in a child development centre.

Examples of Children

This station should examine the candidate's ability to assess specifically requested areas in a child with a developmental problem. This may be a child with a neurological problem or syndrome who is developmentally delayed, or it may be a child who has an abnormal pattern of development e.g. autistic spectrum disorder.

Children with normal development may occasionally be used.

Example 1.

4-year old boy with a right hemiplegia. Please assess his fine motor skills.

Tools should include the following:

12 x 1" blocks
scissors
colouring pencils and paper
small threading beads
picture book.

What is expected:

Assessment of building blocks skills 12 block tower or patterns of three steps using 6 blocks or more (9-10 blocks and can copy a 3 block pattern at age 3)

Can he cut paper? (age 3)

Can he draw a man with head, body, legs and arms?

Can he copy a X,V,H,T and O?

Can he lace small beads? (Large at 3)

How does he turn the pages of a book?

Example 2

Julie, 3-year old girl with Down Syndrome. Please assess her speech and language development by talking to her mother and assessing Julie.

Tools should include objects and pictures

What is expected:

History from parent – first cooing, babbling, words concerns about hearing, ENT interventions

Assessment of concentration and attention

Assessment of object recognition and selection

Assessment of picture recognition and selection

Imitation of sounds and words

Words together – noun phrases and verb phrases

Example 3

4-year old child with autistic spectrum disorder whose sibling has ASD. Please assess whether you think it is likely that this child has ASD by talking to her mother and assessing her child.

Tools should include a range of toys, ball and pretend play toys

What is expected:

Assessment of speech and language – history from mother

Assessment of interpersonal communication – does he point?, does he take mother to what he wants?, does he share the joy of toys?, how is his eye to eye contact, does he prefer to play on his own?, does he get emotional when his mother does?

Assessment of ritualistic or obsessive behaviour – does he like spinning objects, is he obsessional about particular things, is he rigidly ritualistic, does he dislike changes in routine?

Assessment of other traits – does he dislike crowded spaces, does he dislike loud noise?, does he dislike having his hair cut or washed?

Observation: Eye to eye contact, how does he enjoy directed play?, does he bring his toys to share pleasure?

Example 4

3 year old child who has gross motor developmental delay. Please examine her gross motor skills.

Tools required: floor mat, stairs if possible, bench, chair, tricycle, ball, small trampoline if possible

What is expected:

Walking on feet, backwards and sideways, walking on toes and heels, standing on one foot, ride a tricycle using pedals, climb stairs with one foot to step, throw a ball overhand, catch a large ball with arms outstretched, kick a ball

Example 5

18 month old with developmental delay to approximately one year. Please assess fine motor skills

Tools required: small objects and toys - bricks, ball, doll, rattle, small picture book, in/out container, crayon/paper

What is expected:

Assessment of grasp - scissor or pincer grasp

Assessment of pointing - with index finger at objects of interest

Assessment of release of a small object into someone's hand

Assessment of crayon grasp and scribble

Assessment of turning of pages of a book

Build two brick tower (18 month old should be able to build 3 or more)

Reference:

A good reference is "Child Development: An Illustrated Guide" by Carolyn Meggitt and Gerald Sunderland (ISBN 0-435-42056-9) published by Heinemann Educational Publishers, which outlines normal development at each key stage.

Stations 2 & 5: Communication Skills stations - 2 x 9 minutes

Aim - to test the ability to communicate appropriate, factually correct information in an effective way within the emotional context of the clinical setting.

Communication is most frequently with a surrogate parent. You may be asked to talk to a real parent and/or child, a health professional or a member of the public. A telephone conversation e.g. with a parent/doctor/or professional may be included (see below).

The task. 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 ultrasound and the implications)
- consent (e.g. please explain why you 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 deal with the situation)

Candidates may be asked to explain use of common medical devices. A manikin or model may be used in the station. There will be a specific task which will be one which a specialist registrar would be expected to be able to undertake.

Candidate information - written information will be provided about your role, clinical background and the task required. This is provided for you to read while you are sitting outside the station. If you are doing this station first, make sure you are ready outside the station a few minutes before the exam starts. You will not be required to examine any patient; information including growth charts and results of investigations may be provided if relevant.

Assessment - to test communication skills. Candidates will be marked on these skills. This means that you need 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.

It is not a test of the amount of information conveyed in 9 minutes. In some scenarios, the task would normally take more than 9 minutes and may not be completed. Candidates will be penalised for asking irrelevant questions or providing superfluous information.

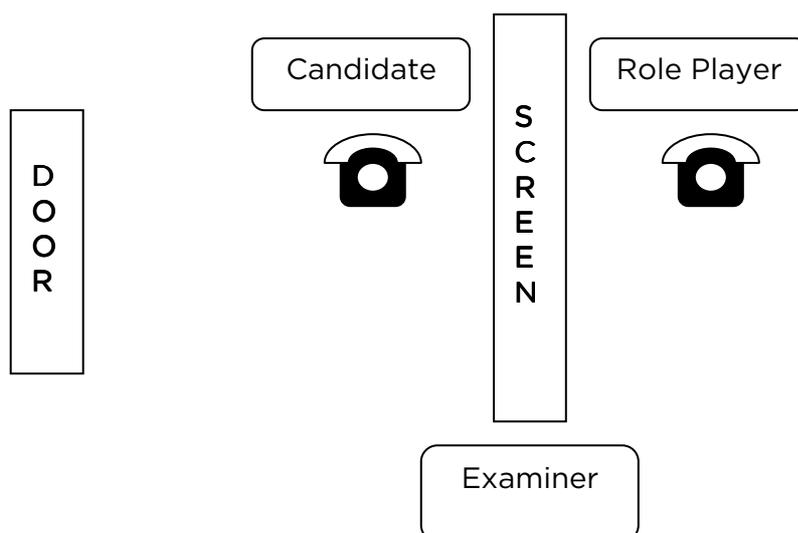
Examiners - one at each station. The examiner will observe you but not ask questions. The examiner will advise the candidate at 7 minutes that there are 2 minutes left but will not usually intervene otherwise.

Instructions for candidates

These will be made available/displayed clearly outside the examination room in order that they are read and understood before the start of the station.

Telephone Scenario - The station will be set up with two chairs, each with a telephone separated by a screen, allowing the candidate to talk to the role player by phone without seeing them. The examiner will observe both candidate and role player. The station will last 9 minutes and there will be a warning when there are 2 minutes remaining.

The set up of the room will be as follows:



Not all candidates will encounter a telephone scenario. The written candidate information provided before the station starts will indicate if the scenario is to be conducted by telephone.

Technical problems: In the rare event of problems with the telephones the station may be conducted 'through' the screen or a new scenario may be played. The examiners will be aware of how to deal with any technical problems.

Sample Communication Skills Scenario

An example Communication Skills scenario is printed at the rear of this booklet.

Station 3: History Taking and Management Planning - 1 x 22 minutes

Please note that there are two History Taking and Management Planning stations running in parallel in each circuit - "Red" and "Blue". You will only do one of them.

Aim - to assess that the candidate can take a focussed history, be able to summarise, identify key issues, prioritise and formulate a management plan.

The task - will be similar to a focussed "long case", usually with a parent and child. Occasionally a role player, health care professional or member of the public may be used.

Children could have a new diagnosis (e.g. epilepsy, headaches, joint pains etc) or more often the candidate may be asked to address a specific problem in a child with established problems (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 the patient; relevant information including growth charts and results of investigations may be provided.

Candidate instructions - The instructions to the candidates will provide information about your role and the clinical background. It is often in the form of a letter to you, asking you to see the child/family. The aim of the station is to take a history focussed on the child's problems. If parents or children ask questions during the consultation, it may be appropriate to answer these. The emphasis is on history taking during the first 13 minutes. The examiner will test your knowledge of the issues raised and the management plan over 9 minutes after the child and family leave the station.

Timing of the station - this will be:

- The total time with the patient will be a maximum of 13 minutes.
- A warning will be issued after 9 minutes
- The patient will leave after 13 minutes, 4 minutes after the 9 minute warning
- The examiner will then discuss the case with the candidate for 9 minutes.

If you have reached the end of the interview in less than 13 minutes, the examiner will check that you have finished and will wait until the 13 minutes has passed before continuing with the exam.

After the patient leaves, the examiner will discuss the case and its management with you.

Assessment - to test ability to take a history focussed on the child's current problem. To be able to summarise, recognise the main issues and discuss their management. It is

not a test of the ability to take a comprehensive history and you are unlikely to be asked to repeat the whole history that the examiner has just witnessed you obtaining.

Sample History-Taking and Management Planning Scenario

An example History-Taking and Management Planning scenario is printed at the rear of this booklet.

Station 4: Clinical video scenarios – 1 x 22 minutes

Aim - the assessment of acute conditions or signs which cannot easily be shown or tested in other parts of the examination. The emphasis will be on general paediatrics and neonatal medicine. You will watch 4-10 videos and make an assessment of clinical signs, illness severity, management or treatment. Cases may include acute problems such as respiratory distress, seizures, severe illness. There may be testing of signs found on clinical examination (e.g. cardiac murmurs or abnormal gaits).

Assessment - The material will be presented on a laptop computer with headphones.

There will be 1 to 3 questions relating to each scenario. You will select the best answer (“best of 5” or “best of many” format). The video clip may be replayed as many times as you wish and you can move to any part of the video which you wish to see again at any time. Many of the video clips are accompanied by sound recordings, but not all. Candidates should not be concerned if a particular clip does not have sound. Once you have submitted an answer to a question, you cannot return to that question.

The computer is programmed to allow 22 minutes and will then end the station.

Station organisation

Two candidates will be assessed during each 22 minutes.

Stations 6 - 10: Clinical Examination - 5 stations x 9 minutes each

Aim - to assess clinical examination and interpretation of clinical signs. These cases are modelled on the “short cases” in the traditional clinical examination. There is only 1 patient at each station and there will be a separate examiner for each station.

The stations will normally be organised as follows:

- Station 6: Cardiovascular
- Station 7: Respiratory/Other
- Station 8: Abdominal/Other
- Station 9: Musculoskeletal/Other
- Station 10: Neurology/Neurodisability

Candidate information - Each candidate will be given the same brief introduction to each child and the task required. This will be provided verbally by the examiner or as written instruction. The examiner will introduce the child. The examiner may intervene at any time, and will ask you questions about the clinical findings and their interpretation or management implications at any stage during the 9-minute station.

Details about what is expected of candidates when performing clinical examination of children is available on the RCPCH website. (www.rcpch.ac.uk/Examinations/MRCPCH-Clinical/MRCPCH-Clinical-Structure)

MARKING SCHEME AND THE PASS MARK

At the end of each station the examiner will make an overall judgement as to whether or not the candidate's performance was:

- Clear Pass
- Pass
- Bare Fail
- Clear Fail
- Unacceptable

The Clear Pass is given to any candidate who demonstrates the competency of a new Specialist Registrar. This includes candidates who have satisfied the requirements and those who excel. Pass is given to candidates who have achieved the standard despite some minor failings. Bare Fail implies that the candidate has made an unacceptable number of minor errors or performed in a way that is not satisfactory. A Clear Fail usually means a poor performance. Unacceptable is uncommon. Unacceptable is given for unprofessional behaviour (rough handling of a child, rudeness etc) or for extremely poor performance.

The following marks will be awarded for each of the **overall** station judgements:

Clear Pass	Pass	Bare Fail	Clear Fail	Unacceptable
12	10	8	4	0

- Anchor statements outlining the expected general standard for each station are provided to all examiners in order to aid them reach their overall judgements
- A similar scale of marks will be awarded for the Clinical Video Scenarios Station
- There will be a total of 10 judgements
- Candidates will fail if they do not obtain a total of 100 marks

The final pass/fail mark can be raised or lowered by the Senior Examiners Board.

If a candidate's behaviour is unprofessional, under these exceptional circumstances, candidates may be stopped by the Senior Examiner from continuing with the examination. Unprofessional behaviour e.g. rough handling **will result in the automatic awarding of an unacceptable mark.**

Candidates will not fail on the basis of a single encounter (unless there is unprofessional behaviour of sufficient severity), but will be marked on an accumulation of marks.

The Examinations Committee of the College has set the minimum acceptable score to pass the examination to be a score of 100 over the whole exam (reflecting an average of ten 'passes' over the 10 stations). Putting on the MRCPCH Clinical is a heavy time and resource commitment with respect to hospital staff, host examiners, examiners, patients and candidates. Examinations Committee has therefore decreed that candidates who substantially under-perform are required to defer application to their next attempt in order to gain more experience and training. Our analysis has shown when these candidates re-attempt the examination at a sitting immediately following a poor performance that their subsequent performance is still well below the standard expected. Candidate places are finite and a waiting list for candidates does operate, it

is therefore unfair for any of this limited number of places to be assigned to candidates who we know are very unlikely to pass the examination.

Based on the analysis of candidate performance in the Clinical exam Examinations Committee has agreed upon the following rules:

- Candidates who score 70 or less (reflecting an average performance grade lower than 'bare fail' in every station) are required to defer from attempting the examination for the following two sittings.
- Candidates whose scores are between 71 and 80 inclusive (reflecting an average performance grade of no better than 'bare fail' in every station) are required to defer from attempting the examination at the next available sitting.

Any time spent on deferment will be included in the 7-year time limit. It is therefore strongly advised that candidates only apply to take the Clinical exam when they and their sponsor feel they are ready. Candidates who are required to defer application are advised to take this time to consider their feedback and gain more experience.

Score	Action
0 - 70	Fail & defer application for two diets
71 - 80	Fail & defer application for one diet
81 - 99	Fail
100 - 120	Pass

CANDIDATES KNOWN TO EXAMINERS

In the past, we tried to avoid candidates being examined by consultants they had worked for. This was because there were only 3 pairs of examiners. As each candidate will now meet 9 independent examiners, we will no longer attempt to avoid candidates being examined by consultants they know. Special measures may be taken when the examiner and senior examiner are both concerned that the candidate is especially well known or related to the examiner.

We will endeavour to avoid placing candidates within trusts where they have previously worked and where they may have prior knowledge of any of the patients selected.

GENERAL INSTRUCTIONS FOR CANDIDATES

Please allow plenty of time to reach the clinical examination centre. Trains do not always run on time and cars can break down. We suggest you stay nearby if your examination begins the next morning. Once the circuit starts, it will be almost impossible to let you catch up if you are late - although we will always do our best to do so. We will not allow your late arrival to affect the performance of other candidates.

PLEASE ENSURE THAT YOU SWITCH OFF YOUR MOBILE PHONE AND BLEEPER AS SOON AS YOU ARRIVE.

PLEASE REMEMBER TO BRING ID INCLUDING YOUR PHOTO AND SIGNATURE WITH YOU.

Remember, we are not examining to find outstanding candidates. We are looking for candidates who meet the standard required for success. The standard is clear. We

require successful candidates to demonstrate that they can perform at the level expected of a new, competent Specialist Registrar entering specialist training. We do not try to trick candidates but look to see how you are likely to perform when going about your usual work.

Please bring with you your own stethoscope, which must be wiped with alcohol between patients. Electronic stethoscopes should not be used in the MRCPCH or DCH Clinical examinations unless a candidate has a hearing impairment. If so candidates should declare this on their application forms in the section named 'reasonable adjustments'.

Do not bring equipment or toys for developmental assessment as these will be supplied for you.

Candidates are expected to dress in a manner appropriate to a normal working day in clinical practice, and to familiarise themselves with the principles of infection control.

If candidates are unsure please contact the hospital/centre you are attending and ask about suitable dress for clinical practice.

When you arrive you will be given an envelope containing your personal route map around the circuit, and your mark sheets. Complete and sign all 9 of your mark sheets (marks for the video scenarios station are collected electronically) and put them in the order in which you will hand them to your examiners – you will leave the relevant mark sheet at each station as you go around the circuit.

You will be given a station at which to start and will be taken there shortly before the exam is due to start.

READ VERY CAREFULLY any instructions given to you at the start of the station. There will be time to read this and you must use the time profitably. Finish reading instructions even if the bell announcing the start of the station rings – you will be unlikely to be able to perform at the station without knowing the instructions.

Please clean your hands between each clinical station. You can usually do this in the gaps between stations. Performing this function is part of being a successful candidate.

You will normally meet each examiner once only but might, in certain circumstances meet an examiner twice. In addition, an extra examiner may be present to monitor examiner performance to check that the exam is fair and consistent.

You may come across a station where video recording is in progress: this is for examiner training and for performance checking of examiners. The video is not used for candidate marking.

You may also come across observers. These individuals may be examiners in training or may be others such as clinical tutors who need to better understand the examination in order to help their trainees.

You must not communicate with other candidates on the same examination circuit.

When you have finished, please remember to collect your belongings before you leave.

You must not provide details about the stations to commercial organisations or post them on the internet without permission of the College.

You must not discuss the nature of cases, questions or scenarios during the break/s between exam circuits. Candidates must not pass on information to other candidates at any stage and should attempt to leave the ward where the exam is being held as soon as they have finished the exam and collected their personal items. Any attempt to do this would be viewed as cheating.

(please refer to the RCPCH cheating protocol guidelines - <http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/mrcpch-clinical-updates/mrcpch-clinical>)

POSSIBLE ISSUES/INCIDENTS THAT MAY AFFECT PERFORMANCE

Candidates should note that if an incident or issue arises during the MRCPCH Clinical Examination that may have detrimentally affected their performance they must **inform the Senior Examiner or Host examiner at the end of their exam (once their exam circuit has finished and not before)!**

It is important to remember that there maybe any number of incidents or issues that may arise during the clinical examination.

The RCPCH Examinations Team, the Host centres and their staff will make every effort to ensure that the clinical exam is organised well and is kept to time. This will not always be possible for many reasons.

The Senior Examiner or Host Examiner at any MRCPCH Clinical Examination provides clear instructions to the Examiner Team to ensure that any issue or incident that may occur during an MRCPCH Clinical examination is taken into consideration in a candidates final mark.

If something does occur during your clinical exam and, after a short period of reflection, you strongly feel that a record must be made you must speak to the Senior Examiner or, in their absence, the Host Examiner to ensure that a record of this is made in the Senior Examiner Report Form.

It is also important to note that Host centre facilities may not always be able to provide separate rooms for each exam station.

Occasionally Host centres will use a ward area for a number of stations and will separate them using screens.

In such cases there maybe some background noise or other distractions.

All candidates should be prepared for this as you would in your normal daily work environment. Again it is important to stress that examiners take this into consideration when deciding on the final grade.

All candidates should approach each exam station as a new encounter and leave thoughts or feelings regarding any previous difficulty in a station behind.

GOOD LUCK!

STATION TWO - COMMUNICATION SKILLS EXAMPLE SCENARIO

In this scenario the candidate is asked to explain to a mother a change to her son's asthma management regime.

INSTRUCTIONS TO CANDIDATE

This station assesses your ability to give information.

This is a 9-minute station consisting of spoken interaction. You will have up to 3 minutes beforehand 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. You may 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 focused on the task: 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 exercise.

You are:

A specialist registrar in paediatrics, working in a district general hospital

You will be talking to:

The mother of David Milligan, a 7-year old boy admitted yesterday with poorly controlled asthma. Yesterday, he had an acute asthma attack with a cold. He has received 2-hourly nebulised salbutamol overnight, and a first dose of oral prednisolone

Task:

To explain your management strategy for David's asthma to Mrs Milligan.

You wish to start David on Beclomethasone dipropionate 200 micrograms twice daily in the first instance, using a large volume spacer. His mother has asked to see you to discuss this in more detail.

Setting:

An interview room adjacent to the ward.

Other information

He has not been admitted before, but has symptoms of cough and wheeze most days, worsened by exercise and colds. He has previously used a salbutamol metered dose inhaler directly into his mouth as the only treatment for his asthma.

There are no pets at home, and neither parent smokes.

He has a mild Harrison's sulcus, and a Peak Flow rate is 170 l/m (predicted 250). He is on the 10th centile for height.

You are not expected to gather any further medical history during this consultation.

STATION TWO - COMMUNICATION SKILLS EXAMPLE SCENARIO

INSTRUCTIONS TO ROLE-PLAYER

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

You are:

Dawn Milligan, a 32 year old married primary school teacher, and mother to David, and his 5-year old sister, Olivia. David was admitted to hospital last night for the first time, because of his asthma.

David has always been chesty especially with coughs and colds. Last year your doctor suggested that he might have asthma and gave you a blue Ventolin inhaler to use. This is a spray which he uses by putting the nozzle in his mouth and pressing it while he breathes in. It usually helps when he is bad. He gets a cough and wheezing when he runs, and generally gets chest infections with colds. He started with a cold 2 days ago, and got very wheezy and panicky last night, saying he couldn't breathe. Your husband brought him to hospital while you stayed with Olivia. David was admitted, and has had some nebulisers and medicine. Today he is a lot better, and you have relieved your husband, who has had to go to work.

The doctor has seen David on the ward round, and suggested some regular inhaled steroids. You have also discovered that the medicine David is getting at the moment is a steroid. You have asked to discuss this with the doctor in more detail.

Your general feelings

You are worried about his asthma, and a little guilty that you haven't been treating it properly, but also somewhat suspicious of conventional medicine, and concerned about side-effects in general.

You have concerns about steroids. You are aware that they may affect growth, and David is already conscious about being shorter than his friends. You also worry that he may become dependent on them. Your grandmother had steroids for arthritis, and had osteoporosis as a result.

What to expect from the candidate and what your feelings and possible further questions could be:

The candidate should explain to you that David needs to take a regular inhaled steroid, through a spacer device.

- You should express general anxiety and reluctance about the safety of inhaled steroids.
- You might also ask why the spacer is necessary, and what about the blue inhaler.

The candidate may explore your worries about steroids in more detail

- You should raise the concerns detailed above (growth, osteoporosis, will he get dependent on them, other side effects?)
- Are there any alternative treatments?

The candidate should also explain to you the different roles of the blue inhaler and the steroid inhaler.

- If they do not do this adequately, remain confused, and ask why he can't just use the steroid when he gets a cold.

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

STATION TWO - COMMUNICATION SKILLS EXAMPLE SCENARIO

INSTRUCTIONS TO EXAMINER

THE EXAMINER WILL RECEIVE THE SHEET GIVEN TO THE CANDIDATE AND ROLE PLAYERS AND HAVE DISCUSSED THE SCENARIO WITH THE ROLE PLAYER AND THE SECOND COMMUNICATION SKILLS EXAMINER.

THE EXAMINER WILL ALSO RECEIVE GUIDE NOTES AS TO THE EXPECTED STANDARD

GUIDE NOTES TOWARDS EXPECTED STANDARD

- Did the candidate address the need for and safety of inhaled steroids?
- Did the candidate explain why the spacer is necessary?
- Did the candidate explain the different roles of a “blue” inhaler and a “steroid” inhaler?
- Did the candidate address concerns about growth and osteoporosis, will David get dependent on them, or any other side effects?
- Did they discuss if there are any alternative treatments?

You should warn the candidate when there are 2-minutes remaining. Otherwise please remain silent.

If the candidate completes the task before time, you should check that they are finished. If yes, they should remain in the room until the session has ended.

STATION THREE: HISTORY TAKING AND MANAGEMENT PLANNING EXAMPLE SCENARIO

Candidate Information

The main purpose of this station is to take a focused History. You may answer questions that the subject (role player) may pose to you. After the consultation the examiner will focus on your Management Planning.

This is a 22- minute station. You will have up to 3 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. You may take this instruction sheet with you.

You will have 13 minutes with the patient, with a warning when you have 4 minutes left. You will then have a short period to reflect on the case, whilst the patient will leave the room. You will then have 9 minutes with the examiner.

You are not required to examine the patient.

Role: You are the Specialist Registrar

Setting: Children's Rapid Referral Clinic at a District General Hospital

You are talking to: Gregory a six-year-old boy and his mother

Task: Take a focused history, aiming to explore the problem indicated as you would in the clinical situation. You may answer questions that the subject (role player) may pose to you. After the consultation the examiner will focus on your Management Planning.

Dear Dr

Re: Gregory D Age 6 years

This boy, who was born prematurely and has been seen regularly at your outpatient clinic mainly because of respiratory problems, has been noted by his mother to have become tired and listless over the past 3 months. On examination I can find no significant abnormalities. I should be very grateful if you would see him and advise on appropriate investigations and management.

Yours sincerely,
Dr G. Smith
General Practitioner

Background information: Gregory has been seen regularly at the Outpatient Clinic, having required assisted ventilation for a prolonged period as a neonate.

Any other information: The current findings on physical examination are that Gregory is thin (0.4th centile) and short (2nd centile) but is otherwise normal.

STATION THREE: HISTORY TAKING SKILLS AND MANAGEMENT PLANNING EXAMPLE SCENARIO

Role Player Information

As the role player will be the parent of a “real” child, there is no need to provide them with written background details. In advance of the examination, the Host Examiner should brief the parent on what to expect and on what information to volunteer and how to “perform”.

Examiner Information

THE EXAMINER WILL RECEIVE THE SHEET GIVEN TO THE CANDIDATE AND HAVE DISCUSSED THE SCENARIO WITH THE ROLE PLAYER AND THE SECOND STATION EXAMINER.

Additional Information For Examiner

Examiners are asked to remind the candidate that the purpose of the station is to take a focused history and that throughout the consultation the candidate may feel it is necessary to respond to questions from the subject (role player).

Background information for Gregory and Mother

- Born at 33 weeks gestation
 - IUGR – birthweight 1.7 kg
 - Had severe RDS and was ventilated for 10 days; suffered unilateral pneumothorax
 - Subsequent admissions for bronchiolitis, head injury & herniorrhaphy
 - Has had treatment for “asthma” since first year of life.
 - Has been monitored by the growth clinic – height on 2nd centile, weight 0.4th centile.
 - Mother had a baby 6 months ago – no medical problems
 - Gregory had shingles 2 months ago
 - Recent concerns about lethargy – no pointers to organic causes
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