Royal College of Paediatrics and Child Health

Leading the way in Children's Health

MRCPCH CLINICAL EXAMINATION

INFORMATION FOR CANDIDATES

July 2019

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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 trainee ready to progress into Level 2 training. The exam is mapped to the RCPCH Progress Curriculum – specifically the *'Progress - Level 1 generic syllabus'*.

Candidates are expected to demonstrate proficiency in:

- Communication
- Establishing rapport with children, parents/carers and colleagues
- History-taking
- Management planning
- Physical examination
- Clinical reasoning - Organisation of thoughts and actions
- Child development
- Recognition of acute illness
- 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. MRCPCH Clinical Skills Examinations are held in hospital centres across the UK three times a year and are held in hospitals overseas at various points in the year.

We refer to these periods as exam diets. In the UK, they are normally held in February, June and October. Overseas MRCPCH clinical exams are held throughout the year based on our overseas host availability.

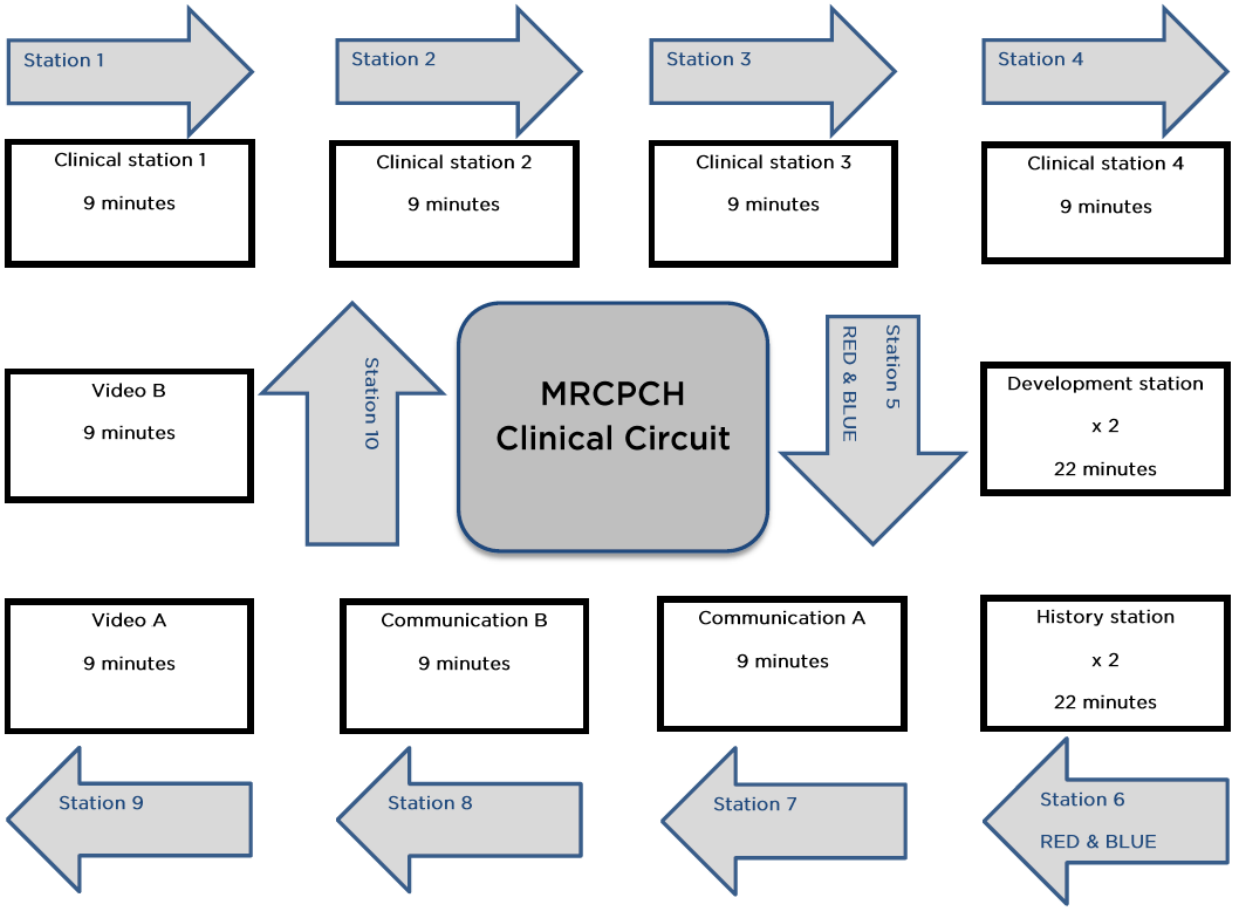
The Clinical Examination is popular with the children and families who volunteer to help us and to whom we are extremely grateful.

HOW DOES THIS EXAM DIFFER FROM AN UNDERGRADUATE OSCE?

- In many OSCEs, marks are awarded for each task, performed according to a yes/no checklist. Our exam requires not only correct process, but also the ability to correctly identify clinical problems or signs and then integrate these findings to arrive at a satisfactory conclusion.
- Candidates are assessed on their performance in a number of domains (core skills), with each domain assessed across a number of stations. Domain marks (allocated using a three-point scale) will be used to generate a total score for the candidate. The total score will be compared against the exam cut-score (pass mark, derived using specific standard setting methodology) to allocate an overall pass/fail grade.
- The stations are longer and the tasks more complex, in keeping with this being a postgraduate exam.

THE EXAMINATION CIRCUIT

The examination circuit is represented in the diagram below



- 1 examiner per station. Candidates assessed by a different examiner at each station
- 12 examiners for each circuit, 1 additional examiner (senior examiner) for quality assurance / back up
- 24 candidates can be examined each day (12 during AM – 12 during PM)
- One candidate will be placed in every station of the circuit (Development and History x 2) and will begin their rotation through the circuit from that point, making 12 candidates in total. 2 candidates at a History station and 2 at a Development station at any one time (Red & Blue). Both these stations are 22 minutes in length - the other 8 stations are 9 minutes long.
- 4-minute breaks between each station, including an initial 3-4 minutes of preparation time before each circuit begins (stations 6-10 include a scenario to read)
- Under optimum conditions the entire circuit will take approx. 160 minutes to complete (all participants should prepare themselves for some delays and be flexible with their travel arrangements)
- 6 station rooms require ‘real’ patients (Clinical 1-4 and Development x 2)
- History and Communication stations require role-players
- History, Communication and Video stations are all scenario based
- Video station equipment: RCPCH provide laptops with 1 video clip for Video A and 1 video clip for Video B

BEFORE THE EXAM DAY

Once a candidate has received confirmation of their placement for the MRCPCH Clinical examination their exam preparation can begin.
We are aware that some candidates attend exam preparation courses before sitting their exam.
The College does not endorse any clinical exam courses apart from the current courses developed and delivered by the RCPCH Education and Professional Development team. These courses are held at the RCPCH in London three times a year.
We recommend that candidates do not book onto courses until they have been informed of their place/received their admission document. The College does not accept any responsibility for candidates already registered on courses who are not successful in securing a place for an exam they have applied for.

It is also important to note that candidates must provide detail of all hospitals that they have worked in on their application form, particularly hospitals they have worked in within the last two years. Candidates cannot be placed at an exam centre where they have recently worked. If candidates are placed at a centre that they have previously worked at, they may be informed that they cannot sit their exam as this may provide them with an advantage over other candidates.

Many candidates prepare for the MRCPCH Clinical exam through regular bedside review of patients. This may include in-house peer practice sessions, sitting in clinics to gain more exposure to relevant patients (pathology) and enhancing communication skills - for example a specialist clinic such as cardiac or neurology.

Candidates are likely to benefit from practicing timings during consultations (see Timing of the Examination below). It is also recommended that candidates familiarise themselves with the exam station Anchor Statements which provide detail of the domains assessed in each station and the criteria expected of the 'Meets Standard' mark.

ON ARRIVAL AT THE CENTRE

Candidates are advised to plan their journey to the centre in advance and to ensure to check for details of the ward or building where their exam is scheduled to take place.
Candidates will either be booked to a morning or afternoon circuit and should arrive approximately 1 hour before their exam circuit is scheduled to begin.
On arrival at the exam venue they should follow the MRCPCH Clinical signs and once at the correct ward, inform staff that they are attending for the exam.
Host staff will register candidates and request to see ID and the relevant admission document. Once ID is checked, staff will provide candidates with their set of mark sheets and their personalised route map.
Candidates should review their route map and ensure that their mark sheets are placed in the order that they will undertake their circuit.
Candidates will be asked to add their candidate number and name to each mark sheet using pencil (shade in candidate number fields). The Exams Team are unable to scan any pen marks from mark sheets.
Once mark sheets are filled in and correctly ordered, candidates should wait in the waiting area until the Senior Examiner and Host arrive for the candidate briefing before the exam begins.
During the briefing the examiner will provide an overview of the schedule for the session and ask if candidates have any questions. Time for the briefing is short and will not normally be longer than 15 minutes.
Candidates should try and take toilet breaks before their exam begins.

TIMING OF THE EXAMINATION

All candidates can expect to be examined for the full allotted time. There may however be occasions when candidates will finish individual stations early.
If this occurs candidates may wish to inform the examiner that they have finished/have nothing additional to add or the examiner may check whether they have finished. If finishing early the candidate/examiner/patient/role-player should remain seated in the station room until the end of the station.

Candidates should also be prepared for an examiner to abruptly end discussion if the station has ended.

Host centres are trained to adhere to strict time keeping during a clinical exam circuit but there may be times when delays occur, or the circuit may need to be paused due to unforeseen issues. If this does occur candidates are advised to remain calm and focus on their next task.

All candidates should be shown into stations at the correct time.

Clinical 1 – 4: Start station – candidate enters room
At 6 minutes: Knock on door, signal to examiner/candidate,
3 minutes remaining
9 minutes: Bell rings, door opened

Development: Start station – candidate enters room
At 9 minutes: Knock on door, signal to examiner/candidate, 4 minutes remaining
13 minutes: Door opened. Patient/parent leaves station
19 minutes: Knock on door, signal to examiner/candidate,
3 minutes remaining
22 minutes: Bell rings, door opened

History Taking: Start station – candidate enters room
At 9 minutes: Knock on door, signal to examiner/candidate, 4 minutes left
13 minutes: Door opened. Role-player leaves station
19 minutes: Knock on door, signal to examiner, 3 minutes remaining
22 minutes: Bell rings, door opened/curtain drawn

Communication: Start station – candidate enters room
6 minutes: Knock on door, signal to examiner/candidate, 3 minutes remaining
9 minutes: Bell rings, door opened

Video: Start station – candidate enters room
3 minutes in: End of time for candidate to view video clip/read the scenario – begin discussion with examiner
6 minutes: Knock on door, signal to examiner/candidate, 3 minutes remaining
9 minutes: Bell rings, door opened

Stations 1 - 4: Clinical Examination - 4 stations x 9 minutes each

Aim:

To assess clinical examination technique and interpretation of clinical signs. There is only 1 patient at each station and there will be a separate examiner at each station.

The Exams Team instruct each host centre to recruit suitable patients for these stations based on those available to them. Host teams invite patients from their hospital and the number of patients and the variety of system focus will vary from centre to centre.
Some centres may be able to place patients with the same system focus in one of the four clinical stations e.g. Clinical 1 – all CVS patients, Clinical 2 – all Respiratory patients etc.
Some host centres may find it difficult to recruit enough patients of the same system. If this is the case, some of the four stations may have a mix of patients e.g. Clinical 1 – all CVS, Clinical 2 – mix of MSK and Neuro etc. Examiners are trained to ensure that the task they provide candidates at the beginning of each clinical station will clearly state the system to be examined. Candidates should therefore prepare for patients with problems across multiple systems.

Candidates will be presented with a patient whose medical issue could be related to any of the following areas/categories (dependant on patient availability):

- CVS
- Neurology/Neuro-disability

- MSK
- Respiratory
- Abdominal
- Gastroenterology
- Ophthalmology
- Dermatology
- Hepatology
- Haematology
- Growth and nutrition
- Nephrology
- Other / Syndromes

Candidate information: Each candidate will be given a brief introduction to each child and the task required. This will be provided verbally by the examiner and is not provided in written form before entering the station. Candidates are therefore not informed of what the system focus will be for each of the four Clinical stations until entering the room.

The examiner may intervene to ask questions about the clinical findings and their interpretation at any stage during the 9-minute station.
The examiner should 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.
Where a candidate has completed their assessment quickly or where the child is fractious or uncooperative, further instructions may be given.
There will be a knock/warning at 6 minutes into the station to indicate 3 minutes remaining before the end of the station.

Conduct

On entering the station, the examiner will greet the candidate and take the correct mark sheet for the station. Candidates are advised to have the correct mark sheet immediately available to avoid wasting time looking for it after entering the station. The candidate is then introduced to the child/parent and provided with the task. The examiner may ask about the technique of examination, the findings, and any issue related to the interpretation.

Introduction

The examiners will have determined the area to be tested and the introduction/task to be completed.

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

Example 1: *This is Anita. She is 14 years old and has difficulty walking can you please undertake a peripheral neurological examination*
Example 2: *This is Nayan. He is 11 years old and has chronic kidney disease. Please can you examine his abdomen*
Example 3: *This is Richard. He is 7 years old and has been referred by his GP after finding a murmur during an examination for a chest infection. Please examine the CVS system.*

Candidates are not expected to provide a management plan for the clinical stations.

Details on what is expected of candidates when performing clinical examination of children and young people are available on the Exams pages of the RCPCH website. Please refer to the document titled:

'*MRCPCH CLINICAL EXAM: Clinical Examination Technique (Clinical 1-4 & Development)*'.

Hints & Tips

Examiners are looking for an organised approach. The best thing the candidate can do in preparation is to assess as many children as possible. Start with children who are cooperative.

Follow a clear and systematic pattern. Examiners are looking to see that candidates have done this before. If the child is unable to perform certain tasks then make things simpler.

Standards

The candidate should be competent at assessing any of the categories/system focus listed above. Candidates are expected to demonstrate the clinical skills and knowledge expected of a trainee ready to progress into Level 2 training.

CLINICAL STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
B **Physical Examination**	• Well-structured, systematic exam technique. • Appropriate care taken to adapt to needs of patient. Permission to examine sought. • Appropriate use of equipment.
C **Identification of Clinical Signs**	• Identifies clinical signs that are present. • Correctly interprets clinical signs that are present.
D1 **Clinical Reasoning**	• Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
E1 **Communication Skills: Rapport & Communication Style**	• Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.

Station 5: Development assessment – 1 x 22 minutes (2 stations running in tandem)

Please note that there are two Child Development stations running in parallel in each exam circuit – "Red" and "Blue". Each candidate will be assessed in only one of them (either Red or Blue).

Aim:

To assess the candidate's ability to perform developmental assessment/assess key areas of development, and take a focused history to explore reasons for these findings, including the impact on the child and family:

- Information gathering from the parent / carer or child
- Clinical developmental assessment of the child
- Appropriate use of toys and other equipment for assessment provided at the station
- Discussion with examiner on findings and management plan

Candidate information and timing

- The candidate will be asked to gather key information from the parent and assess a specific area of the child's development within the first 13 minutes of the station.
- Candidates will be expected to manage their time appropriately in order to undertake both aspects of the task before the 13 minutes ends (see further guidance in Hints and Tips below). There will be a knock on the door after 9 minutes to indicate to candidates and examiners that there are 4 minutes remaining before the patient and parent leave the room.
- The parent and child will leave the room at 13 minutes.
- The candidate is then expected to discuss the implications of their findings and the child's management with the examiner in the remaining 9 minutes.
- There will be a 3-minute warning knock at 19 minutes into the station to indicate 3 minutes remaining before the end of the station
- Suitable toys and other equipment will be provided. Candidates will need to select the most appropriate tools for developmental assessment. Candidates should not bring toys or other developmental tools to prevent problems with safety.
- If candidates have reached the end of the initial consultation with parent and child in less than 13 minutes, the examiner will check that they have finished and will wait until the 13 minutes has passed before continuing with the exam.

Please note:

- The children will have mild to moderate developmental abnormality with or without a syndrome or neurological abnormality.

Guidance

- 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 sufficient time to carry out a full developmental assessment the examiners will decide which aspect of development they wish the candidate to assess and this will be provided by the examiner in the task at the start of the station. Where a candidate has completed their assessment quickly or where the child is fractious or uncooperative, further instructions may be given.
- The suggested toys and tools will be provided at the station.
- The candidate will be expected 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.

Station introduction

The examiners will have determined the area of development to be tested and the introduction/task to be completed within the opening statement e.g.…

'Joe was born at 25 weeks gestation and has cerebral palsy. Please discuss aspects of his condition / history with Joe's parent and assess Joe's ***fine motor function****.'*

Conduct

On entering the station, the examiner will greet the candidate and take the correct mark sheet for the station. Candidates are advised to have the correct mark sheet immediately available to avoid wasting time looking for it after entering the station. The candidate is then introduced to the child (and parent/carer) and provided with the task by the examiner.
The examiner should check the candidate's understanding of the task provided. If candidates do not understand the task they may ask the examiner to repeat it.
In this station the examiner may ask questions. The examiner may ask about the technique of the developmental assessment, the findings, and any issue related to the interpretation. Candidates may be asked to demonstrate clinical signs.

Examples of children recruited for this station

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.

Example 1

4-year-old with right hemiplegia. Please gather the relevant information/history from the parent and assess his **fine motor skills**.
Examples of tools that might be used:

- 12 x 1-inch blocks
- Scissors
- Colouring pencils and paper
- Small threading beads
- Picture book

What might be expected:
Information gathering/History from parent. 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 an X, V, H, T and O? Can he write his name?
Can he lace small beads? (large at 3)
How does he turn the pages of a book?
Does he perform well using both hands? – what is his functional use of right hand – is it a prop? Can he open a yogurt or a packet of crisps?
Vision – does he have a field defect obviously impairing fine motor skills?

Example 2

3-year-old girl with Downs Syndrome. Please assess her **speech and language** development.
Tools may include small everyday objects and pictures

What might be expected:
Information gathering/History from parent – first cooing, babbling, words – when was first word with

meaning, is she putting 2 words together – explore to ensure whether she is putting 2 words together, concerns about hearing, ENT interventions
Assessment of concentration and attention
Assessment and understanding
Following a one or two stage command
Does she know body parts?
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 whose sibling has ASD. Please assess whether you think it is likely that this child has ASD
Tools may include a range of toys, ball and pretend play toys

What might be expected:
Assessment of Speech and Language – gathering information/history from mother
Family history from mother
Communication: speech history, anything unusual about way he speaks, learned phrases, socially inappropriate questions, pronoun reversal, pretend play and imitative play
Social interaction: Assessment of interpersonal communication – does he point? Does he take mother to what he wants? Does he share toys? How is his eye contact, does he prefer to play on his own? Does he get emotional when his mother does? Use of gestures? Friends?
Stereotyped behaviour: Assessment of ritualistic behaviour –does he like spinning, is he obsessional, rigid, routines? 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, does he enjoy directed play? Does he bring his toys to share?

Example 4

18-month-old with development delay to approximately one year – gathering information/history from parent - Please assess **fine motor skills.** Tools may include: small objects and toys – bricks, ball, doll, rattle, small picture book, in/out container, crayon/paper

What might be expected:
Assessment of grasp – scissors 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 towers (18-month-old should be able to build 3 or more)

Example 5

4-year-old with spastic diplegia GMFCS. Please gather appropriate information/history and assess **gross motor skills**
Tools may include: space to walk, stairs,

What might be expected:
History: pregnancy and birth, motor development (sitting, cruising, standing on tip toes, cruising). Enquire about upper limb function, use of a wheelchair if tired, how far can child walk?
Observation of child walking with and without shoes. Inspection of any walking aids and of shoes. Enquiry

about skills on other surfaces, of ability on stairs (if unable to provide) and in playground, whether he/she can ride a trike.
Examination of wheelchair, shoes and splints and ask appropriate questions about use.

Example 6

3-year-old with some loss of visual acuity (could be any age)
Gather appropriate information / history and assess this child's functional vision
Tools may include: Black and white picture boards, keeler cards if possible, books/boards with clear pictures that can be held at a distance to functionally assess what can be seen from a distance. Small coloured beads or bricks to name colours. Hundreds and thousands and smarties to assess visual acuity of small objects. Fonts of different sizes.

What might be expected:
History – birth and general development briefly. First concerns. Fixing and following? Response to light – blinking in sun or to light being put on. Object recognition, face recognition (no sound), in isolation and picking a face out of a group. Bumping into things, tripping up. Sitting close to the TV, use of a touch screen

Example 7

5-year-old child with ADHD. Please assess this child's neurodevelopment.

What might be expected:
Gather information / History from parent of birth (may be prem) and major developmental milestones including behaviour and school performance. Should lead on to difficulties in school. Need to ask family history
Ask questions about:

Hyperactivity

- When seated does your child fidget, wriggle legs or squirm in his/her seat
- Is your child on the go all the time?
- Does your child have difficulty staying in his/her seat at mealtimes or at a desk?
- Does your child have difficulty playing quietly?
- Does your child run about or climb excessively when it is not appropriate?

Impulsivity

- Does your child fail to wait their turn?
- Does your child blurt out answers before questions have been completed?
- Does your child interrupt others' conversations or play?
- Does your child often not think before acting e.g. running into the road?

Poor Attention and Concentration:

- Does your child have difficulty concentrating on activities requiring mental effort? Do they avoid such tasks? Give example
- Do you think it is because he/she can't help it or because he/she is deliberately stalling or refusing to do the task?
- Does your child have difficulty completing tasks? Give an example.
- Does your child get easily distracted? Give an example
- Does your child seem not to listen when spoken to directly? Do you think this is deliberate or because your child cannot help it?
- Does your child make careless mistakes?
- Does your child lose things or is forgetful?

Associated problems:

- Does your child have difficulty organising a sequence of activities?
- Does your child have difficulty estimating time e.g. how long 5 minutes is or getting ready for school?

- Does your child have problems with friendships?

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.
Details on what is expected of candidates when performing clinical examination of children are available on the RCPCH website.

'*MRCPCH CLINICAL EXAM: Clinical Examination Technique (Clinical 1-4 & Development)*'.

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. Candidates will be directed to gather information / history from the parent. Examiners are looking for an organised approach. The best thing the candidate can do in preparation for this station 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 candidates are asked to examine the fine motor skills of a three-year-old candidates may decide to start with building blocks, building towers and bridges. Candidates may choose to start with easy tasks before moving on to more difficult ones and gain a good idea of where the child's limits are. A candidate might then move on to using crayon or pencils and paper and request simple tasks - copy a straight line, then a circle, then a T, H, V or an X. Can the child draw a man?
Candidates might choose threading beads and see how the child copes and next see how they use scissors. Candidates might choose to demonstrate these tasks to the child and check that the child is interested in the items offered.

It is often helpful to do all of this with the child sitting at a small table and to clear items away each time before moving on to the next one.

For gross motor skills sitting, standing, walking, running, hopping, jumping, throwing and catching a ball may be requested.
Candidates should show the examiner that they have done this before and understand what would be expected of the child - if the child is unable to perform the tasks required - make things simpler.
Candidates should consider attempting different tasks with the child to identify what they can and cannot do.

What might examiners be looking for in a developmental history?

The below bullets are provided as examples of things examiners might expect.

- Exploration of likely aetiology: perinatal history, prematurity, birth history, chromosomal disorders.
- Past history: CNS infection, trauma, malignancy.
- FH of developmental delay/learning difficulties.
- Delay in other domains or isolated issue.
- Associated comorbidity: ADHD, Epilepsy, ASD.
- Impact of child's difficulties on family: social support, income support, additional help.
- Education plan: EHCP, mainstream/special needs school.
- Team involved in child's care: MDT etc.

Candidate approach (within first 13 minutes). Options available include:

- Discussion with parent/carer followed by developmental assessment
- Undertake developmental assessment followed by discussion with parent/carer

- Combination of both – candidate undertakes both of the above at same time

There is no 'wrong' or 'right' way to do this although some candidates may find option 3 challenging due to the potential difficulty in maintaining a discussion and processing the information from the carer alongside undertaking an assessment in a young child who may not always be cooperative.

Some candidates might divide the first thirteen minutes equally (split in half) and spend 6-7 minutes on taking a history followed by 6-7 minutes undertaking the developmental assessment.

Candidates can make notes during the station, but they must leave these notes in the room before they leave. It is not the examiners responsibility to remind candidates on how much time is left throughout the station. Candidates will receive warning knocks at 4 minutes remaining with patient and parent/carer (after first 9 minutes) plus the standard warning at 3 minutes remaining with examiner (after 19 minutes)

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 investigation, 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	• Asks key relevant questions. • Sensitively gathers appropriate information. • Explores main problems/concerns of patient/parent/carer in structured manner.
B Physical Examination	• Well-structured, systematic exam technique. • Appropriate care taken to adapt to needs of patient. Permission to examine sought. • Appropriate use of equipment/development toys
C Identification of Clinical Signs	• Identifies clinical signs that are present. • Correctly interprets clinical signs that are present.
D1 Clinical Reasoning	• Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 Management Planning	• Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.
E1 Communication Skills: Rapport & Communication Style	• Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.

Station 6: History Taking-Management Planning – 1 x 22 minutes

Please note that there are two History Taking-Management Planning stations running in parallel in each exam circuit – "Red" and "Blue". Each candidate will only be assessed in one station. (either Red or Blue).

Aim:

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

The task in each station will be similar to a focussed "long case", and it will usually be with a role-player

The child or young person in question could have a new diagnosis (e.g. epilepsy, headaches, joint pains etc.) or 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.

The focus of this station is to test the candidate's ability to take a history focussed of a child or adolescent's current problem and to be able to 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 instructions

The instructions to candidates will provide information about the candidate's role and the clinical background. It is often in the form of a letter to the candidate, asking them to see the parent or adolescent (role-player). This is provided for the candidate to read while they are sitting outside the station. If the candidate is doing this station first, they must make sure they are ready outside the station before the exam starts.

Candidates will be expected to take a focussed history of a child or adolescent's problems either from a parent or adolescent. If role-players ask questions during the consultation, it may be appropriate to answer these. The emphasis during the first 13 minutes is on history taking. The examiner will test candidate's knowledge of the issues raised and the management plan over the remaining 9 minutes after the role-player leaves the station.

Timing of the station

- The total time with the parent or adolescent (role-player) will be a maximum of 13 minutes.
- A warning will be issued after 9 minutes
- The role-player will leave at 13 minutes.
- The examiner will then discuss the case with the candidate for 9 minutes.
- There will be a warning knock at 19 minutes into the station to indicate 3 minutes remaining before the end of the station

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

After the role-player leaves, the examiner will discuss the case and its management with the candidate.

Sample History-Taking and Management Planning Scenario

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

HISTORY STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
A1 **Information Gathering**	• Asks key relevant questions. • Sensitively gathers appropriate information. • Explores main problems/concerns of patient/parent/carer in structured manner.
D1 **Clinical Reasoning**	• Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 **Management Planning**	• Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.
E1 **Communication Skills: Rapport & Communication Style**	• Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.
E2 **Verbal & Listening Communication Skills**	• Applies active listening & displays interest with patient/parent/carer/colleagues. • Allows others opportunity to speak. • Appropriate language used in challenging circumstances with any jargon explained.

Stations 7 & 8: Communication Skills stations (A&B) – 2 x 9 minutes

Aim:

To test the candidate's 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 role-player. Candidates may be asked to talk to a role-player parent and/or adolescent, health professional or member of the public. A telephone conversation e.g. with a role-player parent/doctor/or professional may be included.

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 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 deal with the situation)

Candidates may be asked to explain use of common medical devices and a manikin or model may be used in the station. There will be a specific task which will have been written to test the expected standard of communication skills of a trainee ready to progress into Level 2 training.

Candidate instructions

Written information will be provided about the candidate's role, clinical background and the task required. This is provided for the candidate to read while they are sitting outside the station. Candidates will not be required to examine a patient; information including growth charts and results of investigations may 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.

It is not a test of the amount of information conveyed in 9 minutes. Candidates should avoid asking irrelevant questions or providing superfluous information.

- The examiner in the Communication stations will observe the candidate but not ask questions.
- There will be a warning knock at 6 minutes into the station to indicate 3 minutes remaining before the end of the station

Sample Communication Skills Scenario

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

COMMUNICATION STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
A2 **Information Sharing / Accuracy of Information**	• Explains relevant, clinically accurate information. • Information provided in a well-structured manner. • Verifies understanding - summarises.
E1 **Communication Skills: Rapport & Communication Style**	• Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. • Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease. • Clarifies role & shared agenda. Appropriate tone & pace.
E2 **Verbal & Listening Communication Skills**	• Applies active listening & displays interest with patient/parent/carer/colleagues. • Allows others opportunity to speak. • Appropriate language used in challenging circumstances with any jargon explained.
E3 **Managing Concerns & Agreeing Next Steps**	• Seeks, identifies, acknowledges, attempts to address concerns appropriately. • Displays natural empathy with the patient/parent/carer or colleague. • Checks knowledge & understanding and agrees next steps.

Station 9 & 10: Video station (A&B) – 2 x 9 minutes

Aim:

The aim of the 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 of clinical reasoning and initial management. Questions and pass standards are set and validated by the College exam board to ensure uniformity of standard setting and appropriateness of content.
Candidates should demonstrate the skills and knowledge expected of a trainee ready to progress into Level 2 training.

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 by the examiner / in the candidate information.

Station layout and equipment

- One examiner will be present in the station.
- Once the candidate is seated in the station, they can read the scenario which the examiner will also read out and then the candidate will be asked to start playing the video. All candidates will be allocated 3 minutes from entering the room to undertake this section of the station. This 3-minute period will be indicated by a knock on the door. Candidates are free to view the video on multiple occasions within this 3 minute window. During this time the candidate may pause/repeat the video. Candidates will not be able to view the videoclip again after the first 3 minutes has elapsed.
- After the 3 minutes are up, the candidate will then be expected to answer the examiners questions / discuss their findings.
- The examiner will ask the candidate questions relating to the scenario and video clip.
- The examiner should check the candidate's understanding of the task/questions provided. 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.
- The examiner may provide cues to the candidate regarding a particular clinical sign or diagnosis during the station.
- Many of the video clips are accompanied by sound recordings, but not all. The examiner will notify the candidate if the clip has sound or not as well as the general length of the clip. Information on sound should also be included on the scenario. Candidates should not be concerned if a particular clip does not have sound. If the clip has sound headphones are provided.
- The formatted video clip will be saved on the desktop of a laptop/desktop computer.

Please note: Blank paper is provided and candidates are permitted to make notes but these notes must not be taken from the room at the end of the video station

Video clips used in the Video Station will vary in length between 30 seconds – 1 minute 30 seconds. Examiners may inform the candidate at the beginning of the station as to the general length of the clip and this should also be provided on the scenario.

VIDEO STATION: EXPECTED DOMAIN STANDARDS

Clinical Domain	Meets Standard
C **Identification of Clinical Signs**	• Identifies clinical signs that are present. • Correctly interprets clinical signs that are present.
D1 **Clinical Reasoning**	• Formulates & proposes likely appropriate differential diagnosis • Understands implications of findings. • Able to suggest appropriate steps if exam inconclusive.
D2 **Management Planning**	• Relevant investigations to appropriately address identified problems. • Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.

Sample Video Consultation Scenario

An example Video Consultation scenario is printed at the end of this booklet.

MARKING SCHEME AND THE PASS MARK

Marks will be awarded within the following domains

A Information Gathering/ Information Giving - Accuracy of information

- A1- Information Gathering
- A2 - Information Giving - Accuracy of information

B Physical Examination

C Identification of Clinical Signs

D Clinical Reasoning & Management Planning

- D1 Clinical Reasoning
- D2 Management Planning

E Communication Skills

- E1 Rapport & Communication Style
- E2 Verbal & Non-verbal Communication Skills
- E3 Managing Concerns

Not every domain is tested in every station (see anchor statements).

Each time a domain is tested, marks will be awarded as follows:

Meets Standard	***Borderline***	***Below Standard***
2	1	0

There are 41 domains that are marked across the 10 stations within the MRCPCH Clinical examination. Each domain has a maximum mark of 2.

The maximum total marks available are **82.**
The pass mark for the MRCPCH Clinical examination is set at **63 marks or above.**
The pass mark has been determined using a criterion referenced method called Modified Angoff.

If a candidate's behaviour is unprofessional, under these exceptional circumstances, examiners have an additional domain of 'Professional Conduct'. A mark in a Professional Conduct field will not count as a mark / towards the final mark but will be considered during the Senior Examiner de-brief and the relevant Clinical Examination Board result review.

Candidates will not necessarily fail based on a single encounter (unless there is unprofessional behaviour of sufficient severity) but will be assessed on an accumulation of marks.

CANDIDATES KNOWN TO EXAMINERS

As each candidate will meet 10 independent examiners, we will not attempt to avoid candidates being examined by consultants they know unless candidates and examiners specifically request not to do so. 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/hospitals where they have previously worked and where they may have prior knowledge of any of the patients selected.

GENERAL GUIDANCE FOR CANDIDATES

Please note: we are not examining to find outstanding candidates. We are looking for candidates who meet the standard required. We require successful candidates to demonstrate that they can perform at the standard in clinical skills and knowledge expected of a trainee ready to progress into Level 2 training.
Our examiners are looking to see how candidates are likely to perform when going about their usual work.

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, they can contact the hospital/centre ask about suitable dress for clinical practice.

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 candidates stay nearby if their examination begins the next morning. Once the circuit starts, it will be almost impossible for a late candidate to catch up. The Exams Team and Host centres will apply as much flexibility as is appropriate, but we cannot allow late arrival to affect the performance of other candidates or delay the start of an exam circuit.

Please remember to bring ID (passport or driving license) for exam registration.

Please bring a stethoscope, which must be wiped with alcohol between patients. Do not bring equipment or toys for developmental assessment as these are supplied in the Development stations.

Please ensure to switch off all mobile devices once registered for the exam.

When candidates arrive, they will be given an envelope containing a personal route map around the circuit, and a set of mark sheets. Candidates must complete all 10 of mark sheets in pencil adding name and candidate number to each and put them in the order of stations on their circuit route map.
Candidates will leave the relevant mark sheet with the examiner at each completed station as they go around the circuit.

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

Carefully read any instructions given at the start of the station. There will be time to read this. Candidates must use this time well. Stop reading instructions once the bell announcing the start of the station rings.
The Development and 4 x clinical stations will not have any instructions to read – the task will be verbally provided by the examiner when a candidate enters the station.

Hands must be cleaned between each clinical station. Candidates can usually do this in the gaps between stations. Performing this function is part of being a successful candidate.

Candidates will normally meet each examiner only once 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.
Observers may also be present. These individuals will normally be senior examiners reviewing how stations run.

IMPORTANT

- PLEASE ENSURE TO PLACE PERSONAL ITEMS INCLUDING MOBILES IN A BAG OR COAT IN THE CANDIDATE WAITING AREA. CANDIDATES ARE NOT PERMITTED TO BRING MOBILE PHONES, NOTES OR OTHER ITEMS ONTO THE CIRCUIT UNLESS THEY HAVE BEEN PROVIDED WITH WRITTEN PERMISSION FROM THE EXAMS TEAM IN ADVANCE OF THE EXAM DAY.

- CANDIDATES MUST NOT COMMUNICATE WITH OTHER CANDIDATES ON THE SAME EXAMINATION CIRCUIT/ PASS ON INFORMATION TO OTHER CANDIDATES AT ANY STAGE. IF CANDIDATES FROM MORNING SESSIONS ARE OBSERVED COMMUNICATING WITH CANDIDATES FROM AFTERNOON SESSIONS THIS WILL BE DOCUMENTED, AND APPROPRIATE ACTION WILL BE TAKEN.

- CANDIDATES MUST NOT DISCUSS THE NATURE OF ANY OF THE PATIENTS, QUESTIONS OR SCENARIOS THEY ENCOUNTER DURING THE BREAK/S BETWEEN OR AFTER EXAM CIRCUITS.

- CANDIDATES MUST NOT PROVIDE DETAILS ABOUT THE STATIONS/ QUESTIONS/SCENARIOS TO COMMERCIAL ORGANISATIONS OR POST THEM ON THE INTERNET.

Any attempt of any of the above would be viewed as cheating.
The College regularly review websites for evidence of any illegal sharing of exam materials. If sufficient evidence is obtained, exam candidates may not only be barred from sitting future exams but may also be reported to the relevant medical regulatory body. Any evidence of cheating, collusion or general malpractice will be taken extremely seriously and fully investigated.

Please refer to the RCPCH website for further information within the Exams Rules and Regulations - RCPCH Exams Malpractice Policy - for further details please click here

Candidates should remember to collect their belongings when they have completed their exam circuit.
Candidates should only leave the exam venue after attending the candidate de-brief with the Senior Examiner.

SENIOR/HOST EXAMINER & CANDIDATE DEBRIEF: REPORTING INCIDENTS

After candidates have finished their exam they will be asked to return to the candidate waiting area. Once there, the Senior and/or Host examiner will shortly arrive to ask all candidates if they have any concerns or experienced any procedural difficulties during their exam. Candidates who have concerns must raise them at this meeting. It is vital that any irregularities are highlighted and recorded at this point. If concerns are not raised at this point it will be almost impossible to fully investigate them at a later stage.
The candidate debrief will always be held before the examiner debrief so there is opportunity on the day for the Senior or Host to direct concerns to examiners, helpers, role-players and sometimes parents/patients.
If candidates do not raise these concerns on the day it will be incredibly difficult to undertake a thorough investigation.
MRCPCH examiners are all trained on the importance of documenting important moments within stations and there is a specified section on each mark sheet for noting down unexpected incidents. Examiners are trained to take such events into consideration in their marking. It is therefore essential that if a candidate believes that an incident or issue may have arisen in a particular station that they inform the Senior/Host during this debrief. This can then be compared to an examiners mark sheet or explored further with role-players/parents and patients.

There may be 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 well organised and is kept to time. This will not always be possible for many reasons.

If something unexpected does occur during the clinical exam candidates must speak to the Senior Examiner or, in their absence, the Host Examiner to ensure details of the concern are documented in the Senior Examiner Report Form.

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 areas using screens. In such cases there may be some background noise or other distractions. All candidates should be prepared for this as they would in their normal daily work environment. Examiners take this into consideration when marking.

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

Results will normally be published within 6 weeks of the exam day. Any queries concerns or complaints should be directed to the MRCPCH Clinical Exam Team at exams@rcpch.ac.uk

We wish you all the best for your exam.

STATION SIX: HISTORY TAKING AND MANAGEMENT PLANNING EXAMPLE SCENARIO

INSTRUCTIONS TO CANDIDATE

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, whist the patient will leave the room.
You will then have 9 minutes with the examiner. You will receive a warning when you have approximately 3 minutes left.

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 SEVEN & EIGHT - 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 3 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 NINE AND TEN: VIDEO CONSULTATION EXAMPLE SCENARIO

INSTRUCTIONS TO CANDIDATE

Read this sheet before the station begins.

This is a 9-minute station. There will be a prompt when 3 minutes remain.

You will be expected to:

- enter the examination room when the bell sounds
- listen to the introduction from the examiner
- view a brief video clip
- discuss the case with the examiner

You may make notes on the paper provided.

You may view the video clip more than once although this may leave less time for discussion.

You are a paediatric ST4 trainee. You have been asked to see this 4-year old boy who has presented to the emergency department with a short history of difficulty in breathing. He has a temperature of 40 ºC.

- This video has sound
- This video is 49 seconds in length

Questions that examiners may ask in relation to the scenario and video clip:

1. What clinical signs have you observed?

Domain: Identification of clinical signs

2a. What additional history would you like to obtain?

2b. What additional clinical examination would you like to perform?

2c. What is the most likely diagnosis? What is the differential diagnosis?

Domain: Clinical reasoning

3a. What investigations would you perform?

3b. How would you manage this patient?

Domain: Management planning