



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

DIPLOMA IN CHILD HEALTH CLINICAL EXAMINATION (Hong Kong College of Paediatricians)

INFORMATION FOR CANDIDATES

Revised February 2016

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 General Practitioner who has completed a short period of training in paediatrics, and who displays a special interest in paediatrics.

Scenarios are generally written with reference to the candidate being a GP.

Candidates are expected to demonstrate proficiency in:

- Communication
- History-taking and management planning of chronic conditions
- Establishing rapport with both parents and children
- Physical examination
- Child development
- Clinical judgement
- Organisation of thoughts and actions
- Knowledge and understanding of common problems in child health
- Professional behaviour
- Ethical practice
- Interpretation of data
- Safe prescribing

THE FORMAT OF THE EXAMINATION

The DCH Clinical Examination includes:

- 12 objective assessments of each candidate at 8 stations.
- Structured testing of communication skills
- Observed history taking and discussion of management
- 1 clinical examination station
- Testing of skills in developmental assessment and neurodisability assessment
- Interpretation of data
- Safe prescribing
- Structured discussion of a child health topic

THE EXAMINATION CIRCUIT

The basic examination circuit/s is represented in the diagram below:

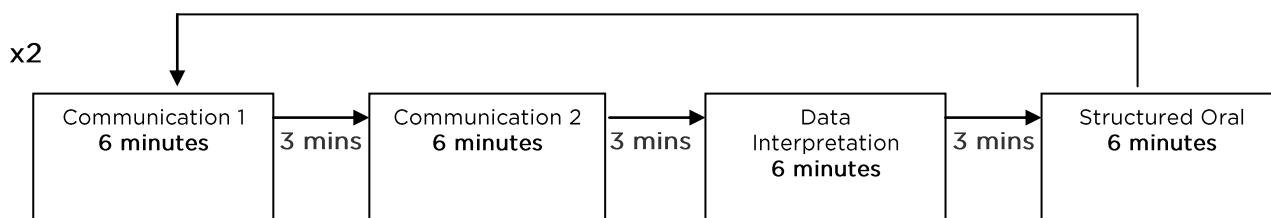
CIRCUITS

The sequence of circuits is morning – A/A/B/B and afternoon – B/B/AS/A. Thus the children for the clinical cycles are clustered in the middle of the day.

‘TALKING STATIONS’: 6 MINUTE STATIONS

The first rotation of the day starting at approximately 9am.

2 sets of 4 stations run at the same time (as below). It is run this way for the first 8 candidates and then repeated again for the second 8 candidates.



Total time 36 mins

Double circuit (x2)

8 candidates

2 rotations

16 candidates/72 minutes

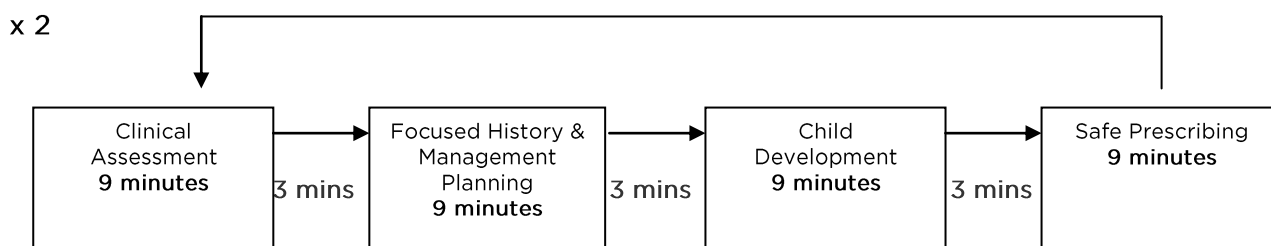
Examiners should stay in same stations for the 2 rotations.

There is then a 40 minute break for hosts to reorganise rooms for Clinical stations and for examiners to standard set the clinical station patients.

‘CLINICAL STATIONS’: 9 MINUTE STATIONS

The Clinical stations, like the Talking stations, are run in a double circuit and run before and after lunch

The first rotation of Clinical stations starts at approximately 10.57am.



Total time 48 mins

Double cycle (x2)

8 candidates

2 cycles

16 candidates/96 minutes

Examiners should stay in same stations for the 2 rotations.

Finally there is then a 20 minute break for hosts to reorganise rooms for the final cycle of ‘Talking Stations’ and for examiners to standard set the talking station role-players.

- 8 Examiners for each rotation, 1 additional senior examiner for back up/quality assurance

- Examiners will examine the same 2 stations (1 six minute station & 1 nine minute station) throughout the day but will swap rooms with their standard setting examiner partner. This is to ensure that candidates are not assessed by the same examiner twice.
- In total there are 12 objective assessments per candidate. The 6 minute stations have 1 mark and the 9 minute stations all have 2 marks.
- There are 3 minute breaks between each station with an entire circuit for a candidate (2 separate rotations – 1 talking / 1 clinical) taking approximately 84 minutes to complete.
- The sequence in which a candidate takes the stations in their exam will vary depending on which station they start.

TIMING OF THE EXAMINATION

All candidates can expect to be examined for the full allotted time. Strict time keeping is essential. The host examiner will indicate the system of time signalling. Candidates are shown into stations at the correct time.

The DCH circuits consist of stations of 6 minute and 9 minutes in separate circuits, with intervals of 3 minutes between stations.

Talking Stations:

6 minute stations: In this circuit, a warning knock will be given at 5 minutes and a bell will ring at 6 minutes to mark the end of a station. The bell will ring again 3 minutes later to mark the beginning of the next station.

Communication:

- 2 mins: Candidate reads instructions **outside** room (during interval)
- 6 mins: Candidate in room with role player and examiner
- At 6 mins: Bell rings, end of station.

Data Interpretation:

- 2 mins: Candidate reads instructions / interprets data outside room (during interval)
- 6 mins: Discussion with examiner
- At 6 mins: Bell rings, end of station.

Structured Oral:

- 2 mins: Candidate reads instructions outside room (during interval)
- 6 mins: Discussion with examiner
- At 6 mins; Bell rings, end of station.

Clinical Stations:

9 minute stations: In this circuit, a warning knock will be given at appropriate times by helpers at each station. A bell will ring at 9 minutes to mark the end of a station and then 3 minutes later to mark the beginning of the next station.

Clinical Assessment:

- Candidate given task once in room with the examiner

- 6 mins: A warning knock signals 3 minutes left (begin to report findings/summarise to examiner)
- 8 mins: 1 minute knock to notify station soon to end
- At 9 mins: Bell rings, end of station.

History Taking:

- Candidate reads instructions **outside** room (during interval/station break).
- 6 mins: Candidate takes Hx from parent/role-player. There is a warning knock at 6 mins to signal end of history taking with parent. Parent/role-player remain in station
- Discussion with examiner on management planning begins
- 8 mins: 1 minute knock to notify station soon to end
- At 9 mins: Bell rings, end of station.

Child Development/Neuro-disability:

- Candidate given task once in room with the examiner
- 6 mins: Candidate assesses patient There is a warning knock at 6 mins to signal end of developmental assessment Parent and child remain in station
- Discussion with examiner on findings begins
- 8 mins: 1 minute knock to notify station soon to end
- At 9 mins: Bell rings, end of station.

Safe Prescribing:

- Candidate reads instructions /scenario **outside** room (during interval/station break).
- 6 mins: Candidate has a maximum of 6 minutes to write prescription in station with examiner (examiner should try to time this in the station and if candidate completes prescription ahead of time discussion can begin)
- Discussion with examiner begins
- 8 mins: 1 minute knock to notify station soon to end
- At 9 minutes: Bell rings, end of station.

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

A **CLEAR PASS** is given to any candidate who demonstrates the competency being tested in the station. This includes candidates who have satisfied the requirements and those who excel.

PASS is given when there are elements of the performance that are not as good as expected but that are not sufficient to give a fail grade. Where a candidates exhibits some minor failings.

BARE FAIL implies that the candidate has made an inappropriate number of minor errors or some more important errors.

CLEAR FAIL usually means a poor performance.

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
- There will be a total of 12 judgements
- Candidates will fail if they do not obtain a total of **120** 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.

CANDIDATES KNOWN TO EXAMINERS

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. However they may be known to other than the host examiner. If an examiner feels that this creates a significant difficulty with a particular candidate please ask the host/senior examiner to be present for that candidate.

Stations 1 & 2: Communication Skills stations – 2 x 6 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 or health care professional or adolescent. A Candidate may be asked to talk to a real parent and/or child, a health professional, or a member of the public.

The task. There are 6 main patterns of communication scenario:

- information giving (e.g. please tell this parent about the diagnosis)
- 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 health care professional 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.

Candidate information - written information will be provided about your role, clinical background and the task required. This is provided to read while sitting outside the station. If a candidate is doing this station first make sure they are ready outside the station 2 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 a 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.

It is not a test of the amount of information conveyed in 6 minutes. In some scenarios, the task would normally take more than 6 minutes and may not be completed. Candidates should be penalised for asking irrelevant questions or providing superfluous information.

Candidate Tip

Ensure you read the scenario carefully

You are NOT expected to examine in this station

Establish what the “parent” / health professional already knows in order to give you a baseline from where to start.

Establish what the parents concerns / anxieties / question are.

Sample Communication Skills Scenario

Communication Station

Instructions to Candidate

This station assesses your ability to give information to a parent/patient.

This is a 6-minute station

You will have 2-minutes beforehand to read this sheet and prepare yourself.

*You may take the sheet with you into the station BUT YOU **MUST** return it at the end.*

You are: A GP working in a small rural market town

You will be talking to: Jane Smith the teenage single mother of Jason, aged 18 months.

Task: To explore her concerns about febrile convulsions

Setting: GP Surgery

Other information

You are not expected to gather the rest of the medical history during the consultation.

Communication Station

Instructions to Role Player

This is a 6-minute station consisting of spoken interaction between you and the candidate.

Jane Smith, age 18. Your child, Jason aged 18 months, was recently admitted to the local district hospital following a convulsion. You were told this was a 'febrile convulsion' and was caused by Jason's high fever with a respiratory infection. You have been told to watch out for future sudden high temperatures and were reassured that this is unlikely to happen again. You have been given advice about measures to control high temperature.

Your general feelings:

You are terrified that this may happen again as you thought Jason was going to die. You have lost all confidence as a young single parent and are concerned about the new out-of-hours arrangements for requesting emergency help. You are still worried that your child may be epileptic.

After the doctor has explained the situation to you, your feelings and further questions are:

- What is a febrile convulsion?
- How do you know my child is not epileptic?
- What are the risks of this occurring again?
- What do I do when he has a high temperature?
- Does he need drugs to prevent this occurring?
- Has Jason been brain damaged?

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

Communication Station

Instructions to Examiner

This is a 6-minute station consisting of spoken interaction between the candidate and the role-player.

You should remain silent during the examination time.

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

The examiner should be given both the candidate sheet and role player sheet.

GUIDE NOTES TOWARDS EXPECTED STANDARD

Examiner marking criteria:

Candidate should be able to:

- Clearly explains febrile convulsions
- Good long- term prognosis.
- Need to show empathy for parent concerns.

Any Additional Information for Examiners

Station 3: Data Interpretation – 1 x 6 minutes

Aim: To assess ability to interpret data in a clinical context

Task: To interpret data provided (2mins) and 4 minutes for discussion with the examiner regarding the implications of the data and an appropriate management plan

Examples of data include blood tests, urinalysis, audiograms, growth charts, diabetic diaries, peak flow charts and laboratory reports etc.

Candidate information - written information will be provided about the task required. This is provided to read while sitting outside the station. If a candidate is doing this station first make sure they are ready outside the station 2 minutes before the exam starts.

Timing and marking of the station - this will be:

- If you have completed answering the examiner's questions in less than 6 minutes, the examiner will check that you have finished.
- If you have, you should remain in the examination room until the end of the allocated time.

Candidate Tip

Ensure you read the instructions carefully as they will inform you of what is expected. Do not spend too long reading the data - remember there are questions for which you need to write down the answer.

STATION 3: DATA INTERPRETATION *Example Scenario*

Candidate Information

The task is to interpret data in the clinical context provided. Discuss with the examiner the relevance of the data in the diagnosis and management.

This is a 6-minute station.

You will have 2-minutes beforehand to read this sheet and prepare yourself.

You may take the sheet with you into the station BUT YOU **MUST** return it at the end.

Role: You are a GP

Setting: GP Surgery

Task: Interpret data

Candidate information:

A 14 year old girl has a 5 day history of fever accompanied by tiredness, anorexia, head ache and a sore throat. On examination, she has pharyngitis, generalised lymphadenopathy and palpable spleen.

Investigation:

Hb	11.9 g/dl	(11.0 -17.0 g/dl)
WBC	19.2 x10 ⁹ /L	(4.5 - 13)
neutrophils	2.6 x10 ⁹ /L	(1.5 - 6)
lymphocyte	12.3 x10 ⁹ /L	(1.5 - 4.5)

monocytes	2.0 x10 ⁹ /L	(0.15 - 1.3)
eosinophils	2.2 x10 ⁹ /L	(0.05 - 0.8)
basophils	0.1 x10 ⁹ /L	(0.02 - 0.12)
atypical mononuclear cell	33%	
Platelets	157 x10 ⁹ /L	(150 -450)

STATION 3: DATA INTERPRETATION *Example Scenario*

Examiner Information

The task is to interpret data in the clinical context provided.

This is a 6-minute station

You will have 2-minutes beforehand to read this sheet and prepare yourself.

You may take the sheet with you into the station BUT YOU **MUST** return it at the end.

Candidate information:

A 14 year old girl has a 5 day history of fever accompanied by tiredness, anorexia, head ache and a sore throat. On examination, she has pharyngitis, generalised lymphadenopathy and palpable spleen.

Investigation:

Hb	11.9 g/dl	(11.0 -17.0 g/dl)
WBC	19.2 x10 ⁹ /L	(4.5 - 13)
neutrophils	2.6 x10 ⁹ /L	(1.5 - 6)
lymphocyte	12.3 x10 ⁹ /L	(1.5 - 4.5)
monocytes	2.0 x10 ⁹ /L	(0.15 - 1.3)
eosinophils	2.2 x10 ⁹ /L	(0.05 - 0.8)
basophils	0.1 x10 ⁹ /L	(0.02 - 0.12)
atypical mononuclear cell	33%	
Platelets	157 x10 ⁹ /L	(150 -450)

Questions:

- What is the probable diagnosis?
- What tests should be done to confirm this?
- Discuss complications.

Answer:

- Infectious mononucleosis
- Monospot test/ (Paul Bunnell test) / EBV serology,
- Abdomen: Hepatitis, splenomegaly and splenic rupture
CNS: Aseptic meningitis, Encephalitis, Guillain- Barre syndrome
Others: Lymphoma, Myocaritis, Pneumonia

Station 4: Structured Oral – 1 x 6 minutes

Aim – To test knowledge and understanding of common child health problems, and the principles which underpin them.

Assessment – The examiner will discuss one scenario with you during your time in this station. The examiner will ask you a number of questions about the scenario which tests your knowledge, and the application of that knowledge, to the scenario. The scenarios address clinical presentations, management of common conditions and processes relating to the care of children.

Candidate information - written information will be provided about the task required. This is provided to read while sitting outside the station. If a candidate is doing this station first make sure they are ready outside the station 2 minutes before the exam starts.

Timing and marking of the station - this will be 6 minutes duration.

- If you have completed answering the question in less than 6 minutes, the examiner should check that you have finished.
- If the candidate has finished, he/she should remain in the examination room until the end of the allocated time.

Candidate Tip

Read the scenario given to you

Ensure you are answering the question that is asked. If unsure ask for clarification.

Be aware that there is a LIST of questions you have to answer so do not waffle on your answers

Please use for date and rotation specified
DCH Clinical Exam

Structured Oral

Date:

Time:

Scenario Number:

Scenario:

Instructions for Candidates

You are a GP Registrar.

A 4 year old boy presents with 'ballooning' of his foreskin over the end of his penis. He has had this once before. He comes with his father who is sure he needs to have a circumcision.

Instructions for Examiners

Foreskin problem

You are a GP Registrar.

A 4 year old boy presents with 'ballooning' of his foreskin over the end of his penis. He has had this once before. He comes with his father who is sure he needs to have a circumcision.

Questions

1. What would you look for on examination?
2. What investigations would you ask for and what advice would you give to these parents?

Answer guide

1. Examination – careful assessment of the foreskin.
 - a. Gently retract but do not force it if it will not go. *(Even if foreskin appears very narrow, symmetrical pouting of the mucosal/inner layer generally indicates a normal non-retractable foreskin.) **
 - b. Look for scarring or an irregular opening – more likely to represent pathological rather than normal physiological variant (& could indicate *balanitis xerotica obliterans* although less common at this age*)
 - c. Look for inflammation or discharge (*balanitis is inflammation of the glans, posthitis is inflammation of the foreskin **)
 - d. *(Draw the foreskin forwards by pulling upwards rather than retracting. This usually demonstrates the true calibre of the opening. Showing this to the parent/s is also very useful in reassuring them that the foreskin is not narrow.) **
 - e. *(Palpate/percuss looking for bladder distension) **
 - f. *(Take this opportunity to check the position of the testes) **
2. No investigation usually required
 - a. Swab if any discharge, MSU if suspicion of UTI.
 - b. Reassure that the normal foreskin is often not retractable in young boys and often does not retract completely until puberty. Ballooning does not matter as long as the established stream is adequate.

Station 5: Clinical Assessment – 1 station x 9 minutes

Aim – to assess clinical examination skills and interpretation of clinical signs. There is only 1 patient / examiner in each station.

Candidates will be tested in any of the following areas:

- Cardiovascular
- Abdomen
- Respiratory
- Surgical
- Neurology
- Other e.g. endocrine, eyes, skin etc.

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. 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. (disregard pages 1-5 of the 'MRCPCH Clinical Exam Technique' as these relate to the MRCPCH Clinical exam only)
(<http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/mrcpch-clinical-updates/structure/struct>)

Examples: “This is Meg who is six months old and her parents are worried about a swelling of her umbilicus. Please examine her abdomen “

Candidate Tip

In the Clinical Assessment you could be presented with ANYTHING – CVS, RS, GI, thyroid, etc.

It is designed purely to test your clinical examination skills

There is NO need for you to take a history

Introduce yourself and establish rapport

Listen or read instructions carefully and do what is asked. Answer any questions posed by the examiner.

Station 6: Focused History taking and Management Planning – 1 x 9 minutes

Aim – To assess the candidate's ability to take a focussed history, summarise and formulate a management plan.

The task –To review chronic disease management. This may be with a parent and child or a role player. The candidate will be expected to take a focussed history. Candidates **will not be** required to examine the patient; relevant information including growth charts and results of investigations may be provided. After taking the history, the candidate will discuss a management plan with the examiner.

In some ways it is easy to think of this station as being the "long case"! - old exam speak. The centre chooses the cases, the subject, and the summary. The only input of the College is to provide a proforma for the information sheets for the candidate and the sheets for the examiners.

Candidate instructions

The aim of the station is to take a history focussed on the child's chronic condition. If the parent/role player ask questions during the consultation, it may be appropriate to answer these. However, the parent should be discouraged from asking any questions about management of their child's condition.

Candidate information - written information will be provided about the task required. This is provided to read while sitting outside the station. If a candidate is doing this station first make sure they are ready outside the station 2 minutes before the exam starts.

Timing and marking of the station:

- The total time taking a history from the patient will be a **maximum of 6 minutes. The examiner should then award a mark for this section.**
- A warning will be issued after 6 minutes (usually a knock on the door).
- The examiner will then discuss the case with the candidate for the remaining 3 minutes. **A mark should be awarded for this section.**

If you have reached the end of the history-taking in less than 6 minutes, the examiner will check that you have finished. Should you finish early the examiner will ideally wait until the 6 minutes have elapsed before continuing the examination. Candidates can be told to take the time to compose and reflect over their notes. The patient/parent will remain in the station for the entire 9 minutes.

Candidate Tip

It is advisable to use the break between stations to write down areas you wish to cover to structure your history taking.

Ensure you ask about past medical history and drug history

Ensure you leave enough time to discuss management.

FOCUSED HISTORY AND MANAGEMENT PLANNING EXAMPLE SCENARIO

Candidate Information

The task with the parent /role-player is to take a focused history.

The examiner will focus on your understanding of chronic disease management.

This is a 9- minute station. You will have up to 2 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 6 minutes to take a history from the patient, with a warning knock after 6 minutes. The examiner will observe your history taking during this time.

You will then have 3 minutes with the examiner for discussion.

You are not required to examine the patient.

Role: You are a GP

Setting: GP surgery

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

Task: Take a focussed history for this case and discuss your management plan with the examiner.

Background information: George is attending your surgery for the first time with his mother. His family have recently moved to the area. George has diabetes.

Any other information: George has 2 older siblings

FOCUSED HISTORY AND MANAGEMENT PLANNING EXAMPLE SCENARIO

Patient/Guardian 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 patient/guardian.

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).

Relevant background information related to George Age 6 with Diabetes

- Born at term Birth Wt 3.76Kg
- Uncle with Type 2 diabetes and mother has hypothyroidism since age 19 treated with thyroxine 125 micrograms/day
- Has 2 older sibling eldest born preterm and has mild spastic diplegia in main stream school
- Developed diabetes aged 3 with symptoms of polydipsia, polyuria and weight loss
- Managed with twice daily premix insulin since then.
- Currently on NovoMix 30 15U morning 8Units at teatime.
- HbA1c was between 7.8-8.5% till 9 months ago when has increased to 9.3-9.7%
- Good with blood testing but hates injections so transferred to a MPH 500 needleless injector about 1 year ago
- Recent behavioural issues for family with older sibling

Station 7: Child Development assessment– 1 x 9 minutes

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

- Clinical developmental assessment of the child
- Brief assessment of neurodisability if present
- Supplementary history taking from the parent if appropriate
- Any other material provided at the station, e.g. the parent held record, growth chart.

Candidate information – The emphasis is on clinical developmental assessment. Candidates are expected to make an assessment of development and recognise neurodisability. Candidates should be able to discuss the implications of their findings and the child's management.

Suitable toys and other equipment will be provided. You will need to select the most appropriate tools for developmental assessment

General Points:

- The child will have a developmental age of less than 4 years.
- The examiners will decide which aspect of development they wish the candidate to assess.
- Toys and tools will be provided at the station. You should not bring your own toys.
- Candidates are not expected to perform psychometric testing.
- Within 6 minutes the candidate should be able to test the indicated area of development and determine the nature and severity of any 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.
- The candidate should understand the principles of vision and hearing assessment

Timing and marking of the station

1. The total time for the examination of the patient will be a maximum of 6 minutes. **The examiner will then award a mark for this section.**
2. A time - warning will be issued after 6 minutes during the clinical examination.
3. The examiner will discuss the findings and interpretation with the candidate for the remaining 3 minutes. **A mark will then be awarded for this section.**

Candidate Tip

Listen / read instructions carefully

This is NOT a history station – purely examination

Not allowed to ask the age of the child unless specifically stated in the information provided

It is important to be systematic

Focused usually on one area of developmental examination

Station 8: Safe Prescribing -- 1 x 9 minutes

Aim: To assess ability to write a prescription with correct dosage according to a child's age and weight and appropriate to the described clinical scenario, and to understand the implications of this prescribing

The task: To write a prescription on an FP10 (BNFC provided) and discuss with the examiner the implications of your decision with reference to indication, dose calculation contraindications, potential adverse reactions and specific issues related to taking the medication

Please familiarise yourself with General guidance and Prescription writing, these can usually be found in the first few pages of the BNFC and you should read before attending the exam. It is important to remember to write your full name clearly next to your signature when writing your prescription.

Examples could include treatment of asthma, infections, epilepsy

Candidate information - written information will be provided about the task required. This is provided to read while sitting outside the station. If a candidate is doing this station first make sure they are ready outside the station 2 minutes before the exam starts.

Timing and marking of the station - this will be:

- The total time for the candidate to complete the prescription will be a maximum of 6 minutes. **The examiner will then award a mark for this section.**
- **Once you have finished writing your prescription the BNFC will be taken from you by the examiner.**
- A time - warning will be issued after 6 minutes during the clinical examination indicating that the candidate must begin discussion with the examiner
- The examiner will discuss the implications of your decision with the candidate for the remaining 3 minutes. **A mark will then be awarded for this section.**

Candidate Tip

Ensure your script is legible

Check dosage - you are expected to refer to BNFC.

You need to prescribe the right drug, prescribing an inappropriate drug could lead to a fail.

Paediatric Prescribing Principles: an eLearning course for paediatricians and all health professionals with a role in prescribing drugs for children and young people.

For registration please visit: <http://rcpch.learningpool.com/>

Example Scenario

STATION: SAFE PRESCRIBING

Candidate Information

- To prescribe effectively and in context using the BNFC provided and
- To discuss with the examiner your knowledge and understanding of the medications prescribed

This is a 9 minute station. You will have up to 2 minutes before the start of this station to read this sheet and prepare yourself.

When the bell sounds you will be invited into the examination room. You may take this instruction sheet with you.

You will have up to 6 minutes to write the prescription and 3 minutes for discussion.

Role: You are a GP.

Setting: GP surgery

You have seen: Laura Smith, a fourteen year-old girl and her mother

Laura has had three episodes of generalised fits. Her EEG has confirmed that she is suffering from epilepsy. Mum is keen to commence her on medication to prevent further fits. Please prescribe a suitable antiepileptic agent for Laura. Her weight is 50Kg and height 160cm.

Task: Write a prescription using the BNFC provided

With the examiner – Discuss issues of Safe Prescribing.

Equipment needed: BNFC, Prescription pad/Hospital Drug chart

Examiner Information

THE EXAMINER WILL DISCUSS PRESCRIBING ISSUES WITH THE CANDIDATE

Additional Information for Examiner

Examiners are asked to remind the candidate that the purpose of the station is to assess the candidate's ability to prescribe safely

Areas to be discussed

Areas to be discussed

- What Issues would there be surrounding compliance
- What issues would you have to discuss regarding safety/driving
- What interactions would you have to consider prior to commencing the Oral contraceptive pill

**Royal College of Paediatrics
and Child Health
DCH Clinical Examination**

**Safe Prescribing
Station 8**

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

EXAMINER NUMBER

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DCH Clinical Exam Safe Prescribing Station Prescription Form
Write a prescription on the attached prescription form (BNFC provided)
and discuss with the examiner the implications of your decision.

Full Name:

I.D. No.:

Sex:

Address:

Age:

D.O.B.:

Prescription

Prescriber Name

Prescriber Signature

Date

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 note exams can often run over time so please allow for this when booking return travel.

PLEASE ENSURE THAT YOU SWITCH OFF YOUR MOBILE PHONE AND BLEEPERS AS SOON AS YOU ARRIVE. PLEASE REMEMBER TO BRING PHOTO ID WITH YOU.

Candidates may bring refreshments/water to the exam. Host venues are not responsible for supplying refreshments to candidates.

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 General Practitioner. We do not try to trick candidates but look to see how you are likely to perform when going about your usual work.

Dress Code:

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

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.

You will be given a station at which to start and will be taken there.

Complete and sign all of your mark sheets 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.

READ VERY CAREFULLY any instructions given to you at the start of the station. There will be 3 minutes 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 station. You can usually do this in the gaps between stations. Performing this function is part of being a successful candidate.

Examiners will meet before the start of the examination to determine the Pass/Fail criteria. Examiners are given guidance notes within to mark. Any examiner who departs from these guidelines will have their marking reviewed and unless there is good reason altered. 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 videoing is in progress: this is for examiner training and for performance checking of examiners only. 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 or other examination cycles.

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.

DCH Clinical candidates in Hong Kong should refer to the Hong Kong College of Paediatricians website as well as the RCPCH website for further details

<http://www.paediatrician.org.hk>

GOOD LUCK!