

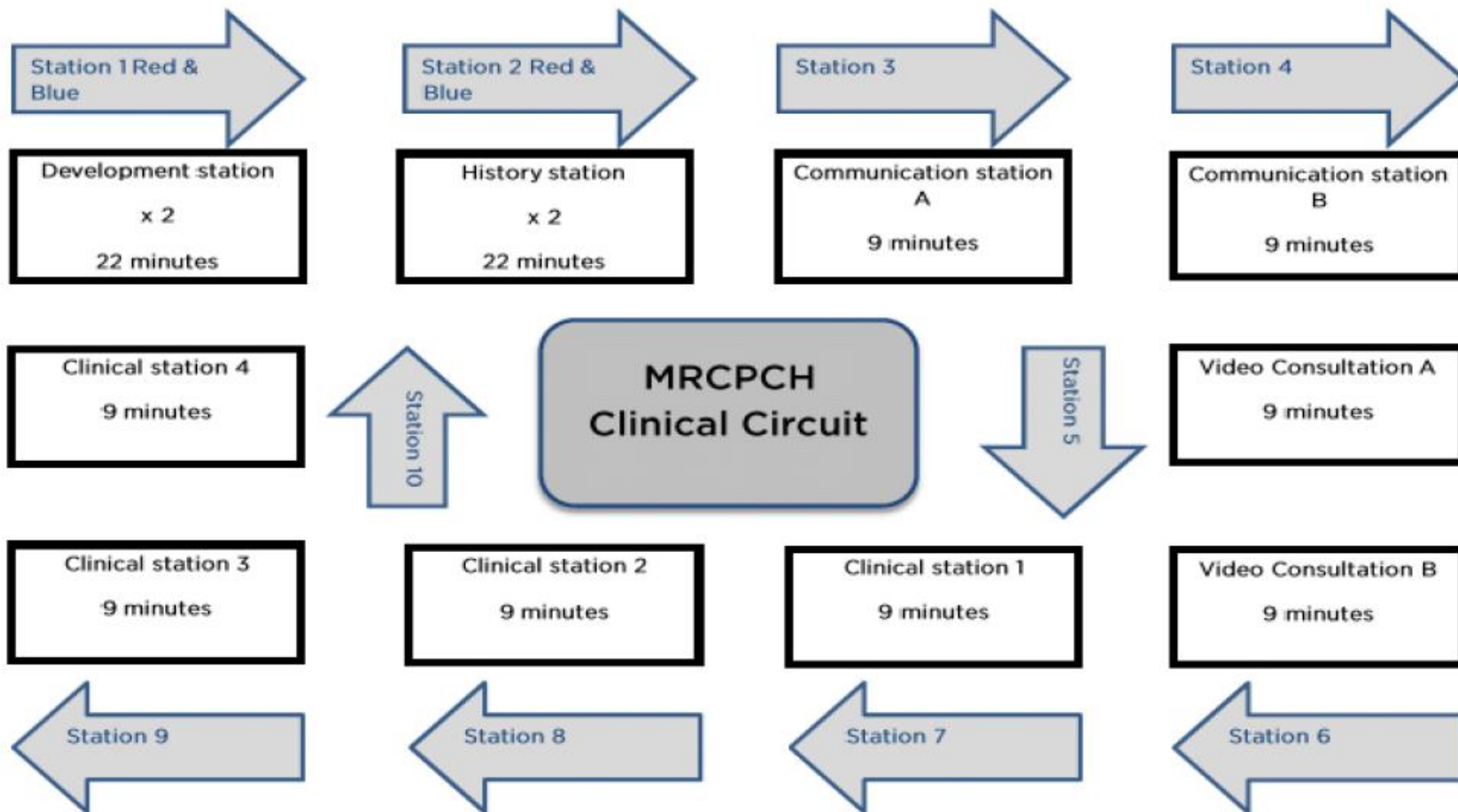


Modifications to MRCPCH

1ST September 2019

MRCPCH clinical revised circuit

PROPOSED NEW MRCPCH CLINICAL EXAM CIRCUIT (4-minute gap in between stations)





Video Stations 2 stations

- This will be 2 stations where the examiner will sit in with candidate
- Observe a clip as many times as they want within 3 minutes
- Bell at 3 minutes examiner starts to ask structured questions not before 3 minutes
- Bell at 6 minutes reminds examiner and candidates that 3 minutes remain
- Bell at 9 minutes ends station
- There are set questions by the college that need to be covered
- Once first 3 minutes have passed candidate cannot revisit video clip



Extended developmental station

- This is now a 22 minute station testing a number of domains including history taking, communication, examination and management planning
- Most centers overseas will require the examiners to be local as the history element is unlikely to be understood by UK based examiners
- There will be a knock on the door at 9 minutes indicating 4 minutes remaining to complete the given task (only one system will be addressed but fine motor can include visual assessment)
- At 13 minutes the mother and child will leave room
- The remaining 9 minutes is spent discussing the findings and planning in some depth future management
- A second knock with 3 minutes remaining will act as a aid to summarization



Extended Developmental station 2 stations

- 2 stations run side by side each station needs minimum of 2 children unlikely to be able to use same children in afternoon ie minimum of 8 children per day of exam.
- Patient selection
- Significant developmental delay between 12 months-6 years age
- Parent conversant in major local dialect, history will be taken in cantonese/urdu/arabic/malay with local examiner to assess.
- Cases include Down's syndrome, graduates of NICU, cerebral palsy, other chromosomal abnormalities, non specific learning difficulties. Please avoid severe autism as often unfair on children and candidates.



Communications stations

- Remain the same apart from marking scheme
- The knock on the door as with all other stations will be 3 minutes before the end of the station



Clinical Stations

- Now labeled 1-4 with no specific attached but:-
- All cardiac and neurology cases will be within only one station to avoid seeing more than 1 type of each case
- Likely therefore example is station 1 mostly cardiology, station 2 mostly neurology, station 3 mix of gastro and respiratory, station 4 musculoskeletal and other cases. What has to be avoided is seeing 2 examples of the same type of case
- The knock on door comes after 6 minutes and the last 3 minutes have to be for discussion and presentation of case



Domain based marking

- Major key change in the exam but simplified !!
- Each domain is marked in 3 ways achieves standard, borderline and does not achieve standard
- Each station marks on a number of domains
- Each station gives more than one mark
- Each mark stands alone

New RCPCH Domains

A - Physical Examination

- Demonstrate correct, thorough examination technique in a fluent, professional way

B - Identification of Clinical Signs

- Identify clinical signs correctly and not find signs which are not present

C - History Taking & Information Giving (Clinical Communication)

- Take a relevant, focussed history in a fluent, professional manner.
- Explain relevant clinical information in an accurate, clear, structured, comprehensive, fluent and professional manner

D - Differential Diagnosis & Management Planning

- Formulate a sensible differential diagnosis and discuss an appropriate management plan including investigations, treatments and use of members of multi-disciplinary team

E - Communication Skills & Managing Concerns

- Appropriate approach to communication with child
- Develop appropriate rapport with patient & carers – put all at ease
- Where relevant show appropriate listening skills and ability to address concerns
- Where relevant ensure understanding of patient/carer
- Where relevant show appropriate empathy and respect

F – Professional Conduct/Maintaining Patient Welfare *

- Treat Patient & Carers with respect and sensitively ensuring comfort, dignity and safety



Domain based marking 9 domains

- A1 INFORMATION GATHERING
- A2 INFORMATION GIVING ACCURACY
- B PHYSICAL EXAMINATION
- C IDENTIFICATION OF CLINICAL SIGNS
- D1 CLINICAL REASONING
- D2 MANAGEMENT PLANNING
- E1 RAPPORT AND COMMUNICATION STYLE
- E2 VERBAL AND LISTENING COMMUNICATION SKILLS
- E3 MANAGING CONCERNS AND AGREEING NEXT STEPS



Domain based marking

New Exam

- 41 assessments each giving 0,1 or 2 marks for below standard, borderline and meets standard respectively
- A -4 assessments of information gathering and information giving
- B -5 assessments of physical examination
- C -7 assessments of clinical signs
- D -12 assessments of clinical reasoning and management planning
- E -13 assessments of communication skills

Domains breakdown



Supporting Document 2: Domain encounters and marks available

Domain	Domain descriptor	Sub-domains	Sub-domains	Stations in which domain is assessed	Number of encounters	Number of Domain marks available (by sub-domain)	Number of domain marks available (by Core Domain)
A	Information Gathering / Information Giving	A1	History Taking/Info Gathering	History, Development	2	4	8
		A2	Information Giving / Accuracy of Information	Comms 1, Comms 2	2	4	
B	Physical Examination	B	Physical Examination	Clinical 1, Clinical 2, Clinical 3, Clinical 4, Development	5	10	10
C	Identification of Clinical Signs	C	Identification of Clinical Signs	Clinical 1, Clinical 2, Clinical 3, Clinical 4, Video 1, Video 2, Development	7	14	14
D	Clinical Reasoning & Management Planning	D1	Clinical Reasoning / Creating a Problem List	Clinical 1, Clinical 2, Clinical 3, Clinical 4, History, Video 1, Video 2, Development	8	16	24
		D2	Management Planning	History, Video 1, Video 2, Development	4	8	
E	Communication	E1	Rapport & Communication Style	Clinical 1, Clinical 2, Clinical 3, Clinical 4, History, Comms 1, Comms 2, Development	8	16	26
		E2	Verbal & Listening Communication Skills	History, Comms 1, Comms 2	3	6	
		E3	Managing Concerns	Comms 1, Comms 2	2	4	
F	Professional Conduct	F			No marks allocated: For alerting only		



DOMAIN BASED MARKING ASSESSMENT

- ONLY 3 MARKS GIVEN IN EACH CATEGORY
- MEETS STANDARD
- BORDERLINE
- BELOW STANDARD



Domain based marking –Stations Development

- Assesses 6 domains
- A1, B, C, D1, D2, E1
- MOST HIGHLY WEIGHTED STATION IN THE EXAM - 12 marks possible
- History, Physical exam, Identification of clinical signs, Clinical reasoning and problem list, Management planning, Rapport and communication style



Domain Based marking History station

- Assessed on 5 domains
- A1, D1,D2, E1, E2
- Total 10 marks per station
- Information gathering, Creating a problem list, Management planning,
- Rapport and communication style
- Verbal and listening communication skills



Domain based marking Communication station

- Assessed on 4 Domains
- A2, E1, E2, E3
- 8 Marks possible per station
- Giving and accuracy of Information, Rapport and communication style, Verbal and listening skills, Managing concerns



Domain based marking

Clinical stations

- Assessed on 4 domains
- 8 marks per station
- B, C, D1, E1
- Physical Examination, Identification of clinical signs
- Clinical reasoning
- Rapport and communication style



Domain based marking

Video stations

- Assessed over 3 domains
- 6 Marks per station
- C, D1, D2
- Identification of Clinical signs
- Clinical reasoning
- Management planning

Domains breakdown

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F	Professional Conduct	F			No marks allocated: For alerting only		

KEY MODIFICATIONS

Stations

Child Development – 22 minutes (Red and Blue)

- Developmental History/Information Gathering, focused assessment (structured use of equipment) and Management planning (discussion)

- **Video Station – 9 minute X 2** – scenario based with 1 video clip per station – discussion with examiners
- **History Stations – 22 minutes (Red and Blue)**
 - Role-players
 - Scenarios (written and standard set)
- **Clinical Stations – 9 minutes X 4**
 - labeled 1-4
 - 6 minutes examination; 3 minutes presentation, discussion – no management planning assessed/expected

Examiners for each circuit

Current (10)

22 minutes station

- Focused History (2)
- Video

9 minutes station

- Comms 1 (1)
- Comms 2 (1)
- Child Development (1)
- CVS (1)
- Neuro (1)
- Resp/others (1)
- Abdomen/others (1)
- MSK/others (1)

Modified (12)

22 minutes station

- Focused History (2)
- Child Development (2)

9 minutes station

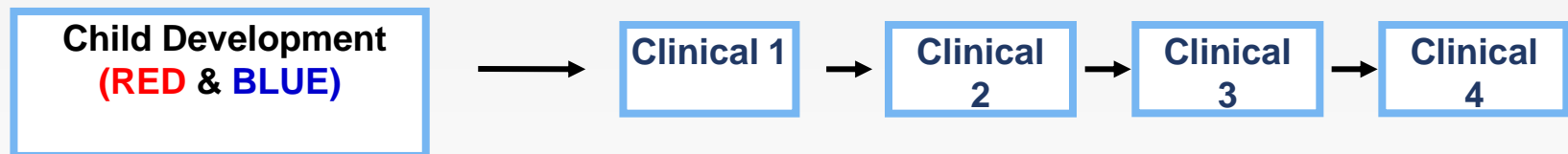
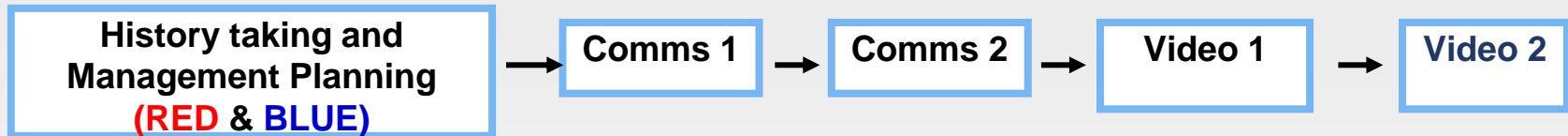
- Comms 1 (1)
- Comms 2 (1)
- Video 1 (1)
- Video 2 (1)
- Clinical Station 1 (1)
- Clinical Station 2 (1)
- Clinical Station 3 (1)
- Clinical Station 4 (1)



Modifications to Hong Kong circuit

- Split circuit remains - suggestions
- Morning History with Hong Kong based paediatricians x2, Communications x2, Video clips x2 - 6 Rooms 6 examiners
- Afternoon Developmental History with 2 Hong Kong based paediatricians, 4 clinical stations – 6 rooms 6 examiners

Modified MRCPCH Clinical Exam Circuit in Hong Kong (4min gaps)



Minor amendments may be made to the proposed circuit.
Order of stations may vary