

the mrcp guide

an overview
of stations 2,
4 and 5 of
PACES



This guide is an overview of Stations 2, 4 and 5 as they currently operate within PACES. A huge bank of scenarios for practise with a senior Doctor is available on the companion website (<http://www.lawandmedicine.org.uk>), but the details below provide a brief description of how the examiners calibrate their assessment of candidates at these Stations, and a comprehensive list of competencies/skills that candidates should demonstrate. The MRCP(UK) should be seen as an important examination within the context of the whole Core Medical Training, so it may be assumed that the features of good medical practice defined in the MRCP(UK) are subsumed within the curriculum of general physical training, as explicitly stated by the JRCPMT.

LAW AND MEDICINE also has a range of learning materials for the Part 1 of the examination, with a wide range of useful links including clinical guidelines and evidence for both Parts 1 and 2/PACES.

Station 2

The history-taking skills station aims to assess the candidate's ability to gather data from the patient in a methodological manner, to construct a differential diagnosis, to deal with concerns the patient may have (*listening attentively and responding to cues*), to summarise the information with the patient, to construct a comprehensive, sensible and appropriate management plan (*including the key steps of management*) that is explained to the patient clearly, and to treat the patient with comfort, dignity and respect ensuring patient welfare.

When reading the referral letter, it is useful if you should have at the front of your mind the key elements of the history which you feel are going to be relevant,

While taking the actual history, you should ensure that you also 'tick off' the following aspects, in that you:

- Introduce yourself appropriately to the surrogate/patient
- Use open questions initially
- Complete the history in the allotted time
- Avoid the use of jargon
- Do not impart wrong information

The features of how this station is examined are:

- written instructions for the case, usually in the form of a letter from the patient's GP are given to the candidate during the five-minute interval before the station
- 14 minutes are allowed for the history-taking, followed by a 1-minute period of reflection followed by five minutes for discussion with the examiners
- the two examiners are present throughout observing the interaction with the patient.
- each examiner has a structured marksheet for the case.

In particular, you must demonstrate that you can:

Clinical communication skills

- Elicit correctly the presenting complaint, systems review, past, family and medication history, in a thorough, systematic, fluent and professional manner.
- Assess the impact of the symptoms on the patient's occupation, lifestyle and activities of daily living.
- Explain information in an accurate, clear, structured, comprehensive, fluent and professional manner.

Managing patient expectations

- Seek, detect, acknowledge and attempt to address patients' concerns
- Confirm the patient's knowledge and expectations
- Listen
- Demonstrate empathy

Video tutorials

For further help, please see the Law and Medicine tutorial on basic communication skills as part of the 'core medical training' programme

<http://www.lawandmedicine.org.uk/ExaminationFiles/1T.swf> (comm. Skills)

<http://www.lawandmedicine.org.uk/ExaminationFiles/3T.swf> (breaking bad news)

Tutorial on Station 2 of PACES

<http://www.lawandmedicine.org.uk/ExaminationFiles/Station%202.pdf>

MRCP(UK) PACES**Station 2: HISTORY-TAKING SKILLS**

Your role: You are the medical FY2 doctor in the Nephrology outpatients' clinic

Please indicate whether surrogate or real patient: surrogate

Please read the letter from this patient's general practitioner. You may make notes on the paper provided. When the bell sounds, enter the examination room to begin the consultation. *Please remember to take this instruction sheet into the examination room with you.*

Dear Doctor

Re: Helen Berry (d.o.b. 3/2/54)

This lady has a week's history of visible haematuria. All blood tests appear normal apart from a slightly above normal HbA1c. Her blood stick has the result: blood +++ glucose ++, nil else. She has a history of urinary tract infections. I have prescribed a course of antibiotics (amoxicillin 500 mg oral, tds) just in case. Please advise.

Yours sincerely, []

Please take a history from the patient (you may continue to make notes if you wish on the paper provided).

- Your examiners will warn you when 12 minutes have elapsed.
- You have 14 minutes to take a history from the patient followed by 1 minute of reflection before five minutes of discussion with the examiners.

- Be prepared to discuss solutions to the problems posed by the case and how you might reply to the GP's letter.
- *You are not required to examine the patient.*
- Any notes you make must be handed to the examiners at the end of the station.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE PATIENT

Scenario N° 7

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

The patient or surrogate: Helen Berry (Surrogate)

You have noticed a week's history of passing bright red urine. There is no discomfort when you are passing urine.

Apart from a recent history of recurrent urinary tract infections, your previous medical history includes a TIA three years' ago. This left the right-side of your body paralysed and senseless for a day only. You are on aspirin 75 mg once daily. You have also had diabetes for 10 years. Your eyesight and nerves are good, according your diabetes specialist.

In your family history, you report that your father required dialysis before his death in 1974. He unusually started going deaf at the age of 40. There is nothing of note in your family history. Your mother died of womb cancer.

Also, in your medication history, you have taken two days' so far of a 7 day course of amoxicillin 500 mg.

You live on your own. You are not sexually active. You are a successful owner of a small company selling flowers.

You never drink alcohol, or smoke. You have, in fact, never done. Your only passion is herbal tea.

You are worried about your symptoms and your key concerns are:

Could it be cancer?

What is causing my urine to appear red?

Should I continue to take my antibiotics?

Is any further action?

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

Brief History: Helen Berry

Diagnosis: Haematuria

A good candidate would be expected to take a history which includes a detailed social history and activities of daily living; and to particularly focus on the questions raised in the referral letter. At the end of the consultation the candidate should have discussed solutions to the problems posed by the case. A good candidate would also give the patient the opportunity to ask any further questions before closure. It is not necessary for candidates to agree a summary with the patient during their interview.

Examiners are encouraged to make a rough record of the candidate's consultation with the patient as it progresses. This may highlight omissions in history taking, ambiguities that remain unresolved, and additional points that were not 'in the script'.

Examiners should advise candidates when there are two minutes remaining. If the candidate appears to have finished early remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please allow the candidate that time for reflection and remain silent. The patient should remain until the end of the 14 minute period.

The examiner is expected to ask the candidate whether they have formed a problem list or preferred diagnosis and answer the questions in the GP's letter. Following discussion of the answer to these questions the discussion should explore the issues raised.

The examiner should refer to the marking guidelines in 3 domains on the marksheet. Specific issues raised by this scenario are suggested below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

In order to pass, the candidate should explore the following issues or make the following diagnoses:

Obtain sufficient information from the history to draw up a list of differential diagnoses which might include:

Visible haematuria

Recurrent UTIs

?genetic kidney disease

diabetic nephropathy

Plan investigations, especially exclusion of adult polycystic kidney disease and investigation of possible diabetic nephropathy.

Discuss an appropriate medical treatment plan for the patient.

Station 4

The communication skills and ethics station aims to assess the candidate's ability to guide and organise the interview with the subject (who may be a patient, relative, or surrogate, such as a health care worker), explain appropriate clinical information, apply clinical knowledge, including knowledge of ethics, to the management of the case or situation, demonstrate clinical judgment in managing (and responding to) patient concerns, provide emotional support and treat the patient respectfully, ensuring always comfort, dignity and respect.

Other features are as follows:

- written instructions for the case are given to the candidate during the five-minute interval before this station
- the two examiners are present throughout
- 14 minutes are allowed for the patient interaction, followed by one minute to reflect, followed by five minutes for discussion (after the patient has left the station)
- each examiner has a structured marksheet for the case.

The examiners will be particularly keen to see that a candidate demonstrates competencies in the following skills:

Communication skills

- Defines purpose of interview
- Avoids jargon

- Uses open questions
- Listens attentively
- Seeks, detects, acknowledges and attempts to address the patient's or relative's concerns
- Reacts to cues
- Empathises

- Confirms patient's or relative's knowledge and understanding
- Selects / negotiates an appropriate management plan
- Demonstrates clinical judgment in explaining information clearly in an accurate, clear, structured, comprehensive, fluent and professional manner.
- Demonstrates clinical judgment in explaining an appropriate management plan.
- Summarises - confirms understanding

Ethics

- Can apply knowledge of law and ethics to the clinical situation, if necessary.
- Respects the patient as a person (with an understanding of autonomy), in terms of the person's medical "best interests" and their wishes
- Uses professional judgment in face to uncertainty, and to communicate accurately and honestly
- Tries to do more good than harm (beneficence and non-maleficence)
- Shows awareness of the principles of justice and equity

Video tutorials

For further help, please see the Law and Medicine tutorial on basic communication skills as part of the 'core medical training' programme

<http://www.lawandmedicine.org.uk/ExaminationFiles/1T.swf> (comm. Skills)

<http://www.lawandmedicine.org.uk/ExaminationFiles/3T.swf> (breaking bad news)

Tutorial on Station 4 of PACES

<http://www.lawandmedicine.org.uk/ExaminationFiles/Station%204.pdf>

NOT A REAL MRCP EXAMINATION STIMULUS

**LAW AND MEDICINE TEACHING MATERIAL
MRCP(UK) PACES****Station 4: COMMUNICATION SKILLS AND ETHICS**

| | |
|-------------------|---|
| Your role: | You are junior doctor in outpatients' clinic. |
| Problem: | A recently diagnosed asthma. |
| Patient: | Miss Jo Winters, aged 25 years. |

Please read the scenario below. When the bell sounds, enter the examination room to begin the consultation. *Please remember to take this instruction sheet into the examination room with you.*

Scenario:

This lady, who was otherwise perfectly well apart from mild eczema, was diagnosed with asthma only a year ago. At this point, she was started on a salbutamol and steroid inhaler. However, she received a scare when she had an admission for acute severe asthma last week, and was treated with i/v hydrocortisone and salbutamol nebulizers.

She is now on high dose of prednisolone as well as her inhalers only. She has been given emergency treatment for this, and is now part-way through her admission. The Ward Sister has asked you to see her because she is quite angry that nobody has ever explained steroid therapy to her. She would like to self discharge.

Your task is to discuss his commencement of steroid therapy and to have a frank discussion about her anxieties.

LAW AND MEDICINE TEACHING MATERIAL

You have 14 minutes to communicate with the surrogate followed by 1 minute for reflection before 5 minutes of discussion with the examiners.

Your examiners will warn you when 12 minutes have elapsed.

Do not take the history again except for details that will help in your discussion. You may make notes if you wish on the paper provided, but do not make any marks on these instructions.

Any notes you make must be handed to the examiners at the end of the station. You are not required to examine the patient/relative.

NOT A REAL MRCP EXAMINATION STIMULUS

LAW AND MEDICINE TEACHING MATERIAL**MRCP(UK) PACES****Station 4: COMMUNICATION SKILLS AND ETHICS****Your role:** You are the patient, Miss Jo Winters, a 25 year-old woman.**Problem:** Discussing her commencement of steroids.**Scenario:**

You were only diagnosed a week ago. You were admitted as an emergency with your first ever acute severe asthma attack. You felt very breathless, wheezy and anxious, and were given a drug intravenously and a nebulizer (you don't know what these were). This was particularly nerve-wracking for you as your own mother died of a flare-up of COPD.

You have read on your drug chart that you are on steroids, but speaking to your 'ward neighbour' in the next-door bed, you understand that steroids can make you look fat and encourages facial hair. You are particularly worried about this, as you are a professional model.

You are worried about the steroids, and whether the asthma will one day kill you. As you have wireless internet access on the ward, you have read all about 'dandasana' yoga. You particularly enjoyed an article suggesting that it was superior to traditional therapy, and you would like the name and address of somebody who provides it.

Apart from anything else, you want an apology for not having had the steroids explained to you. If you do not receive one, you will self-discharge.

Attitudes and emotional responses

You were 'in a state of shock' when you suddenly had that asthma attack. However, now that things are settling down, you feel angry that nobody has ever bothered to explain you your therapy, and you would like to self-discharge unless somebody senior sees you to apologise. You are not going to take 'no' for an answer.

Questions you might ask include:

- Will I have another asthma attack?
- Will the steroids make me fat, ugly, and overweight?
- Is the yoga safe?
- Will a senior physician come to see me to apologise?

INFORMATION FOR THE EXAMINERS

Scenario N° 4

**LAW AND MEDICINE
TEACHING MATERIAL
MRCP(UK) PACES**

| DATE | CYCLE |
|------|-------|
| | |

Station 4: COMMUNICATION SKILLS AND ETHICS

Examiners should advise candidates when there are 2 minutes remaining (ie after 12 minutes). If the candidate appears to have finished early, remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

A good candidate would be expected to have agreed a summary and plan of action with the subject before closure. Nonetheless, in discussion, the examiners will usually ask the candidate (after one minute's reflection) to summarise the problems raised in the foregoing exchange.

The candidate should be asked to identify the ethical and/or legal issues raised in this case and how they would address them. The framework for discussion should include consideration of these four underlying principles:

- Respect for the patient's autonomy
- Duty to do good and not to do harm
- Duty to act just
- Legal aspects (a detailed knowledge of medical law is *not* required).

Candidates are *not* expected to have a detailed knowledge of medical jurisprudence. For overseas candidates in the UK, detailed knowledge of UK law is not required, although candidates should be aware of general legal and ethical principles that may affect the case in question.

The candidate should recognise his/her limit in dealing with a problem and know when, and from where, to seek further advice and support.

INFORMATION FOR THE EXAMINERS

Scenario N° 4

| | |
|--------------------------|--|
| Problem: | Discussing commencement of steroids. |
| Candidate's role: | The doctor in the respiratory clinic. |
| Surrogate's role: | The patient, Miss Jo Winters, a 25 year-old woman. |

The examiner should refer to the marking guidelines in three domains on the marksheet and to the anchor statements. The examiners are invited to explore the communication skills of the candidate with reference to the specific issues raised by the scenario below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

The candidate should:

- Understand the candidate's thoughts about the whole incident
- Apologise for the lack of apology
- Not attempt to explain about a subject that they might know little about (e.g. a specialized form of yoga)
- Deal with the patient's desire to self-discharge sympathetically

Point(s) of ethical interest:

- beneficence
- confidentiality
- duty to disclose
- autonomy

Station 5

The integrated clinical assessment/focused clinical problem station aims to assess the way in which the candidate approaches a clinical problem in an integrated manner, using a satisfactory history taking (this history must be relevant to the complaint), essential clinical examination which is correct, appropriate, practiced and professional providing all the clinical signs (i.e. no incorrect ones, identification of all signs available), and communication with a patient or a surrogate patient in a focused, fluent and professional manner.

The candidate must consider all relevant diagnoses within the correct differential diagnosis (including the actual correct diagnosis), demonstrate sound clinical judgment in formulating a sensible management plan, not missing out any key steps, including the inclusion of all relevant investigations, and, finally, the candidate has to address the patient's concerns to pass this Station.

For this final part, the candidate must demonstrate that (s) he can listen to the patient and demonstrate empathy. Above all, the patient must be treated respectfully to ensure maximum comfort, safety, and dignity.

Other features are as follows:

- written instructions for each of the two cases, usually in the form of short notes or referral letters are given to the candidate during the five minute interval before this station.
- the two examiners are present throughout
- for each case, 8 minutes are given with each patient to take a focussed history, carry out a relevant examination, and respond to the patient's concerns. Two minutes are for describing the positive physical findings and to give your preferred diagnosis and any differential diagnosis (after the patient has left the station)
- each examiner has a structured marksheet for the case.

Video tutorials

For further help, please see the Law and Medicine tutorial on basic communication skills as part of the 'core medical training' programme

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<http://www.lawandmedicine.org.uk/ExaminationFiles/3T.swf> (breaking bad news)

Tutorial on Station 5 of PACES

<http://www.lawandmedicine.org.uk/ExaminationFiles/Station%205.pdf>

Demonstration scenario: shortness of
breath in a patient with SLE
New Station 5

INFORMATION FOR CANDIDATES

- You will be asked to see two patients at this station. The clinical information about one of these patients is given in the box below. You should have a second sheet giving you information about the other patient.
- You have 10 minutes with each patient. The examiners will alert you when 6 minutes have elapsed and will stop you after 8 minutes.
- In the remaining 2 minutes, one examiner will ask you to report abnormal physical signs (if any), your diagnosis or differential diagnosis, and your plan for management (if not already clear from your discussion with the patient).

Your role: You are the medical doctor on call asked to see a patient in Casualty with has burned the tip of her index finger

Patient name: Mrs Elizabeth Smith – aged 33 years

This 33 year old lady complains of shortness of breath. Her admission bloods were normal, including an INR of 1.8.

Your task is to assess the patient's problems and address any questions or concerns raised by the patient.

- You should assess the problem by means of a relevant clinical history and a relevant physical examination. You do not need to complete the history before carrying out appropriate examination.
- You should respond to any questions the patient may have, advise the patient of your probable diagnosis (or differential diagnoses) and your plan for investigation and treatment where appropriate.
- You have 8 minutes to complete the task.

Demonstration scenario: shortness of
breath in a patient with SLE

New Station 5

INFORMATION FOR PATIENT

The doctors sitting the examination have been asked to assess your problem. They will have 8 minutes to ask you about the problem and any other relevant issues. They will also examine you. They should explain to you what they think is wrong and what action should be taken and answer any questions you have, for example about the diagnosis, tests that may be needed, or treatment. One of the examiners will ask them to describe any abnormal examination findings and give their diagnosis.

Your history is described below.

You are: Mrs Elisabeth Smith – aged 33 years

Your problem: shortness of breath

You are right-handed, and work as a secretary. This evening, you were making some soup on the stove, when you accidentally put your finger on the hot hob. You did not realize this at the time, but you ran your right index finger until the tap for a long period of time. It hurts a lot, but your husband with whom you live gave you some aspirin.

Last week, you returned from a holiday with your husband in Japan. Last night, you felt very short of breath. You do not normally feel short of breath. You were diagnosed with SLE (systemic lupus erythematosus) seven years' ago. You have had a series of recurrent thromboembolic events (which have been clots in your lung). You are routinely on warfarin.

Your other medication history only includes the OCP (pill). You do not have any known drug allergies. You smoke 8 packs of cigarettes per week; you have never drunk alcohol. You do not take any illicit drugs. There is no family history of medical problems.

You have been found to be lupus anticoagulant positive, and your INR is normally well controlled (but you do know now at what level.)

You should ask the candidate the candidate what could be the cause of your symptoms. You should also ask what he/she would recommend as regards your employment. You were due into work tomorrow; you get paid by the hour.

**Demonstration scenario: shortness
of breath in a patient with SLE**

New Station 5

INFORMATION FOR EXAMINERS

Patient: Mrs Elisabeth Smith – aged 33 years

Examiners should discuss and agree the criteria for pass and for fail in the competencies being assessed.

As a general guide, candidates would be expected to

- Obtain a detailed history – including the actual timescale of her shortness of breath.
- Appreciate that a pulmonary embolic event will have to be excluded.
- Examine the lung fields.
- Explain the need for further investigation, address the patient's concerns, and to produce a sensible management plan.

The lead examiner should:

- a) Advise the candidate after 6 minutes have elapsed that "You have two minutes remaining with your patient"
- b) Ask the candidate to describe any abnormal physical findings that have been identified
- c) Ask the candidate to give the preferred diagnosis and any differential diagnosis that is being considered
- d) Any remaining areas of uncertainty eg regarding the plan for investigation or management of the problem may be addressed in any time that remains.