

Sample calibration sheets

1. Respiratory
2. Abdominal
3. History Taking
4. Cardiovascular
5. Neurological
6. Communication and Ethics
7. BCC1
8. BCC2

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION ONE: Respiratory Examination

Timing: at 5 mins advise candidate 1 min remains. Stop candidate at 6 mins and question for 4 mins.
 Questioning can begin before the full 6 mins has elapsed

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number

Examination Centre Number

Patient Name	Agreed descriptor for marksheet		
Physical signs agreed to be present:			
1		2	
3		4	
Agreed Performance Criteria for each skill:			
Physical Examination (A) <i>Professional technique of inspection, palpitation, percussion and auscultation of the chest</i> <i>Correct, thorough, fluent, systematic</i>	What aspects of physical examination must the candidate demonstrate?		
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not present</i>	What physical signs should a satisfactory candidate detect?		
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?		
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?		
Maintaining patient welfare (G)	See marksheet		
Difficulty of this case:	<input type="checkbox"/> Easy	<input type="checkbox"/> Average	<input type="checkbox"/> Difficult

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION ONE: Abdominal Examination

Timing: at 5 mins advise candidate 1 min remains. Stop candidate at 6 mins and question for 4 mins.
 Questioning can begin before the full 6 mins has elapsed

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number

Examination Centre Number

Patient Name	Agreed descriptor for marksheet		
Physical signs agreed to be present:			
1		2	
3		4	
Agreed Performance Criteria for each skill:			
Physical Examination (A) <i>Professional technique of inspection, palpitation and percussion for masses, organomegaly and ascites</i> <i>Correct, thorough, fluent, systematic</i>	What aspects of physical examination must the candidate demonstrate?		
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not present</i>	What physical signs should a satisfactory candidate detect?		
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?		
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?		
Maintaining patient welfare (G)	See marksheet		
Difficulty of this case:	<input type="checkbox"/> Easy	<input type="checkbox"/> Average	<input type="checkbox"/> Difficult

**ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION TWO: History Taking**

Timing: at 12 mins warn candidate 2 mins remain. Stop candidate at 14 mins (allow 1 minute reflection)
Question for 5 mins. Do not begin questioning before the full 15 mins has elapsed.

Each examiner should record agreed case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Scenario Number	
Clinical Skill	Marking Criteria
Clinical Communication Skills (C) <i>Elicits history that is relevant and explains information to the patient in a focused, fluent and professional manner, without using jargon</i>	What key elements of history must a satisfactory candidate identify? Did the candidate display satisfactory history taking skills (see below)?
Managing Patients Concerns (F) <i>Detects, acknowledges and attempts to address patient's concerns; actively listens, empathetic</i>	How should a satisfactory candidate respond to the concerns of the patient/surrogate?
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?
Maintaining Patient Welfare (G) <i>Does not cause physical or emotional distress or jeopardise patient safety</i>	See mark sheet

History taking skills:

- Avoids use of jargon (C)
- Introduces self appropriately (G)
- Uses open questions initially (C)
- Gathers information in a systematic manner (C)
- Completes history taking in time available (C)
- Listens attentively – responds to cues (F)
- Summarises and check the information (F)
- Creates a problem list (D) (E)
- Does not give wrong information (E)

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION THREE: Cardiovascular Examination

Timing: at 5 mins advise candidate 1 min remains. Stop candidate at 6 mins and question for 4 mins.
 Questioning can begin before the full 6 mins has elapsed

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Patient Name	Agreed descriptor for marksheet		
Physical signs agreed to be present:			
1	2		
3	4		
Agreed Performance Criteria for each skill:			
Physical Examination (A) <i>Professional technique of assessment of arterial and venous pulses, and inspection, palpation and auscultation of the precordium.</i> <i>Correct, thorough, fluent, systematic</i>	What aspects of physical examination must the candidate demonstrate?		
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not present</i>	What physical signs should a satisfactory candidate detect?		
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?		
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?		
Maintaining patient welfare (G)	See marksheet		
Difficulty of this case:	<input type="checkbox"/> Easy	<input type="checkbox"/> Average	<input type="checkbox"/> Difficult

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION THREE: Neurological Examination

Timing: at 5 mins advise candidate 1 min remains. Stop candidate at 6 mins and question for 4 mins.
 Questioning can begin before the full 6 mins has elapsed

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Patient Name	Agreed descriptor for marksheet		
Physical signs agreed to be present:			
1	2		
3	4		
Agreed Performance Criteria for each skill:			
Physical Examination (A) <i>Professional technique of assessment of tone, power, reflexes, sensation, coordination, and cranial nerve function as appropriate</i> <i>Correct, thorough, fluent, systematic</i>	What aspects of physical examination must the candidate demonstrate?		
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not present</i>	What physical signs should a satisfactory candidate detect?		
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?		
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?		
Maintaining patient welfare (G)	See marksheet		
Difficulty of this case:	<input type="checkbox"/> Easy	<input type="checkbox"/> Average	<input type="checkbox"/> Difficult

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record

STATION FOUR: Communication Skills

Timing: at **12** mins warn candidate **2** mins remains. Stop candidate at **14** mins (allow **1** minute reflection)
 Question for **5** mins. Do not begin questioning before full 15 mins has elapsed.

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Scenario Number	
Clinical Skills	Marking Criteria
Clinical Communication Skills (C) <i>Elicits history that is relevant and explains information to the patient in a focused, fluent and professional manner, without using jargon</i>	What key elements of history must a satisfactory candidate identify? Did the candidate display satisfactory communication skills (see below)?
Managing Patients Concerns (F) <i>Detects, acknowledges and attempts to address patient's concerns; actively listens, empathetic</i>	How should a satisfactory candidate respond to the concerns of the patient/surrogate?
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?
Maintaining Patient Welfare (G) <i>Does not cause physical or emotional distress or jeopardise patient safety</i>	See mark sheet

Communication Skills:

- Defines purpose of interview (C)
- Avoids jargon (C)
- Uses open questions (C)
- Listens attentively (F)
- Reacts to cues (F)
- Negotiates (E)
- Empathises (E)
- Explains clearly
- Summarises – confirms understanding (C)

Ethical Principles (E):

- Respects the patient as a person
 - o Their medical best interests
 - o Their wishes
- Uses professional judgement
 - o In face of uncertainty
 - o To communicate accurately and honestly
- Tries to do more good than harm
- Shows awareness of the principles of justice and equity

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION FIVE: Brief Clinical Consultation 1

Timing: at 6 mins advise candidate 2 min remains. Stop candidate at 8 mins and question for 2 mins.
 Do not question before the full 8 mins has elapsed.

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Patient Name	Agreed descriptor for marksheet
Clinical Skill	Marking Criteria
Clinical Communication (C) <i>Elicits history that is relevant and explains information to the patient in a focused, fluent and professional manner, without using jargon</i>	What key elements of history must a satisfactory candidate cover?
Physical Examination (A) <i>Correct, appropriate, practised and professional; does not omit important aspects of the examination</i>	What key components of physical examination should a satisfactory candidate undertake?
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?
Managing Patient Concerns (F) <i>Detects, acknowledges and attempts to address patient's concerns; actively listens, empathetic</i>	How should a satisfactory candidate respond to the patient's concerns?
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not there</i>	What physical signs should a satisfactory candidate detect?
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?
Maintaining Patient Welfare (G) <i>Does not cause physical or emotional distress or jeopardise patient safety</i>	Treats patient respectfully, sensitively and ensures comfort, safety and dignity

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM
MRCP (UK) Part 2 Clinical Examination (PACES) Examiners' Calibration Record
STATION FIVE: Brief Clinical Consultation 2

Timing: at 6 mins advise candidate 2 min remains. Stop candidate at 8 mins and question for 2 mins.
 Do not question before the full 8 mins has elapsed.

Each examiner should record agreed physical signs and case specific marking criteria for each clinical skill assessed and use the record as a personal aide-memoire during the subsequent cycle.

Examiner Number	Examination Centre Number
------------------------	----------------------------------

Patient Name	Agreed descriptor for marksheet
Clinical Skill	Marking Criteria
Clinical Communication (C) <i>Elicits history that is relevant and explains information to the patient in a focused, fluent and professional manner, without using jargon</i>	What key elements of history must a satisfactory candidate cover?
Physical Examination (A) <i>Correct, appropriate, practised and professional; does not omit important aspects of the examination</i>	What key components of physical examination should a satisfactory candidate undertake?
Clinical Judgement (E) <i>Selects sensible and appropriate investigations and treatment</i>	What key steps in management should a satisfactory candidate consider?
Managing Patient Concerns (F) <i>Detects, acknowledges and attempts to address patient's concerns; actively listens, empathetic</i>	How should a satisfactory candidate respond to the patient's concerns?
Identifying Physical Signs (B) <i>Identifies correct physical signs, does not miss signs or find signs that are not there</i>	What physical signs should a satisfactory candidate detect?
Differential Diagnosis (D) <i>Constructs a sensible differential diagnosis, including the correct diagnosis</i>	What diagnoses should a satisfactory candidate consider?
Maintaining Patient Welfare (G) <i>Does not cause physical or emotional distress or jeopardise patient safety</i>	Treats patient respectfully, sensitively and ensures comfort, safety and dignity