

PACES23: Guidance on writing Consultation (Stations 2 and 5) scenarios

The PACES23 Examination

Purpose and aims of exam

To demonstrate in a clinical setting, the knowledge, skills and attitudes appropriate for a physician who is eligible to take the MRCP(UK) Part 2 Clinical Examination (PACES) and is completing at least year 2 of Internal Medicine training (IMY2). It tests the following skills:

A: Physical examination	Demonstrate correct, thorough, systematic, appropriate, fluent, and professional technique of physical examination.
B: Identifying physical signs	Identify physical signs correctly, and not find physical signs that are not present.
C: Clinical communication	Elicit a clinical history relevant to the patient's complaints, in a systematic, thorough, fluent and professional manner. Explain relevant clinical information in an accurate, clear, structured, comprehensive, fluent and professional manner.
D: Differential diagnosis	Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed.
E: Clinical judgement	Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation. Select appropriate investigations or treatments for a patient that the candidate has personally clinically assessed. Apply clinical knowledge, including knowledge of law and ethics, to the case.
F: Managing patients' concerns	Seek, detect, acknowledge and address patients' or relatives' concerns. Listen to a patient or relative, confirm their understanding of the matter under discussion and demonstrate empathy.
G: Maintaining patient welfare	Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity.

Candidates must attain a minimum standard in each of the seven skills **and** also a minimum total score across the whole assessment to pass. The final skill and total pass marks for PACES23 will be determined through the transitional standard setting processes.

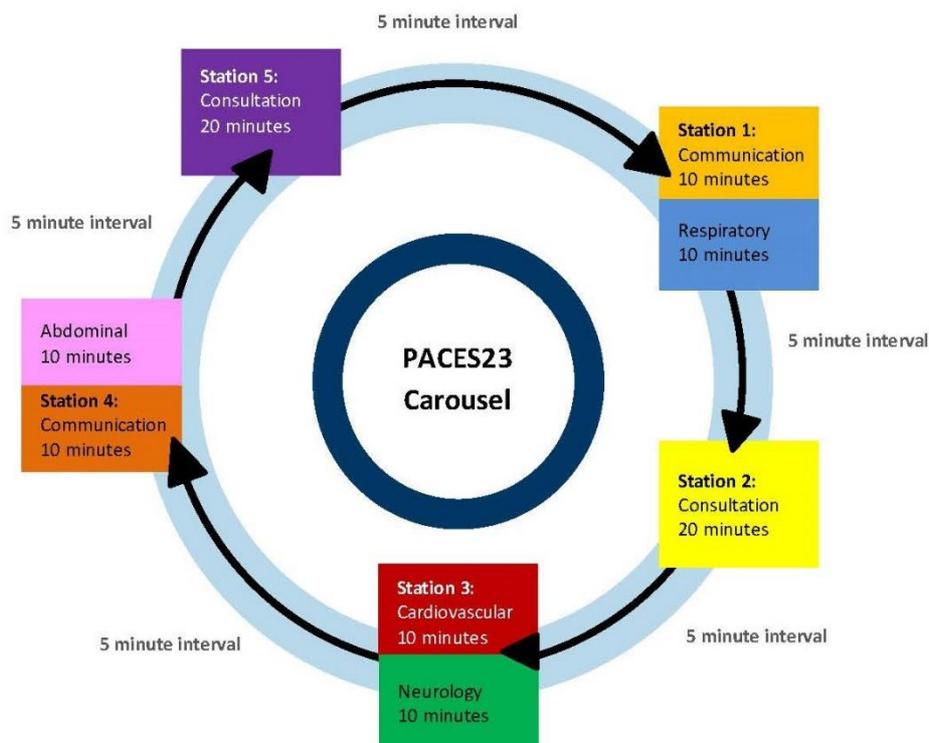
Exam Format – PACES23

Station 1	Communication (10 mins) followed by Respiratory system examination (10 mins)
Station 2	Consultation (20 minutes)
Station 3	Nervous system examination (10 mins) Cardiovascular system examination (10 mins)

Station 4 Communication (10 mins) followed by Abdominal system examination (10 mins)

Station 5 Consultation (20 minutes)

Below is a diagram showing the PACES23 carousel. For more information refer to PACES23 on the [MRCP\(UK\) website](#).



Consultation scenarios (Stations 2 and 5)

The Consultation encounters will examine the candidates' ability to address a clinical problem using a combination of focused history taking, examination, and communication skills with a patient in a way that reflects daily clinical practice. Candidates will be expected to take a focused history of the presenting complaint, perform a relevant physical examination and construct a reasonable differential diagnosis and a management plan. They should explain these to the patient and address any concerns that they may have. There will be one acute and one non-acute scenario in each cycle of PACES.

These encounters will test all of the following skills:

- Skill A: Physical Examination
- Skill B: Identifying Physical Signs

- Skill C: Clinical Communication
- Skill D: Differential Diagnosis
- Skill E: Clinical Judgement
- Skill F: Managing Patient's Concerns
- Skill G: Maintaining Patient Welfare

Examples of suitable cases/scenarios include:

- An incidental finding, e.g. neck swelling in a patient admitted for cholecystectomy. A complication of a chronic disease, e.g. a patient with rheumatoid arthritis and early signs of interstitial lung disease used in conjunction with a history of increasing breathlessness. Differentials to consider include interstitial lung disease, heart failure, infection, and medication. Similarly, patients with stable cardiovascular signs such as valvular heart disease could be given an acute history of collapse or palpitations.
- A transient history in a surrogate with no clinical signs, e.g. TIA, palpitations, pulmonary embolism. Skin, rheumatological, endocrine and eye problems can be included but must be presented as clinical problems rather than 'spot diagnoses'.

Examples of scenarios which do not work well include:

- Patients with complex histories which involve more than one clinical system
- Patients with long-standing chronic conditions presented as if they are newly diagnosed, e.g. rheumatoid arthritis. Consider instead introducing potential complications of the disease or treatments
- Unfocused scenarios such as a patient presenting with 'weight loss' where there are no clear steers towards a likely diagnosis.

The features are:

- Written instructions for the case, usually in the form of a letter from the patient's Family Doctor, are given to the candidate during the 5-minute interval before the station
- 15 minutes are allowed for the candidate to interview and examine the patient, followed by 5 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.

The structure of the scenarios

The scenarios are made up of three sections:

Information for candidate

This is the only section the candidate will see, it needs to provide background information about the patient, their condition, treatment to date and any relevant test results and physiological data.

In Consultation cases it will generally take the form of a referral letter from the Family Doctor.

The bottom of the section will advise the candidate what their task is for the scenario. In the Consultation cases this is to carry out an integrated clinical assessment, eliciting a history as well as carrying out relevant physical examination and explanation; the text is standard.

The person the candidate interviews may be the patient themselves or a relative, friend or surrogate. It is important to make clear who the candidate will be speaking to. It is also necessary to add that the patient has given consent for the relative/carer to speak to a doctor (where the surrogate is playing this role).

The whole section should be no more than one side of A4. It will necessarily contain much less detail than is available to the patient / surrogate.

Information for patient/surrogate

This section should provide all of the information necessary for the patient/surrogate to play the role. It should be sufficiently detailed to avoid confusion, yet written in plain English, avoiding unnecessary jargon.

In the Consultation cases this section is broken down into a number of subheadings covering the patient's presenting symptoms to be volunteered at the start of the consultation then further information given in the 'if asked' section. This includes supplementary symptoms (and important negatives), past medical history, medication, social, family & travel history and the physical examination likely to be undertaken. The patient/surrogate is also given information on what their main concerns are.

This section needs to include questions for the patient/surrogate to ask the candidate. Please phrase the questions as a patient would ask them.

Remember to include relevant details on treatment or test results that the patient / surrogate would be expected to know.

Information for examiners

This section is broken down by the skills tested in each station. It should indicate areas of potential interest, but is not intended as absolute determiners of satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process. It should include probable and plausible alternative diagnoses.

Constructing high quality scenarios

The best scenarios reflect every day practice. You may find cases which you feel would work well in a scenario in out-patient clinics or on ward rounds. Avoid overly complex or obtuse cases and conditions. You should consider both acute presentations and more long-term problems as long as these are relevant to the IMT curriculum and something which an IMT trainee might be expected to deal with. Avoid scenarios that rely on very specialist knowledge as these will unfairly disadvantage some candidates - PACES focuses on testing trainees' knowledge and interaction during common clinical presentations. You should also avoid situations where the main focus is process driven, as these may vary throughout the UK.

When basing scenarios on real patients, please take care to remove any patient identifiable information, and adapt the situation appropriately. Many patients find it difficult to give a history consistently – especially if any of the details in the scenario differ from their real situation. It is therefore important that you assess if the patient can reliably give the history as written in the scenario – if this is difficult, you may wish to use a surrogate to give the history and have the candidate examine the real patient. This is already common practice in overseas centres and works well – and is preferable to a patient giving an unreliable history. When thinking about the questions

you expect the patient or surrogate to ask, try to include guidance on how the patient or surrogate might develop the dialogue – for example, giving direction on the emotional responses, or things which are important to the patient. Candidates are expected to actively seek the patient's priorities and to display an understanding of the principles of shared decision making.

Some key points to note:

- **Aim to have 1 acute and 1 non- acute scenario**
- **Avoid replication of clinical material used at other stations in the carousel**
- Use plain English throughout the scenario.
- Ensure the task you are asking the candidate to carry out is clear and suitably detailed.
- All scenarios should include elements of history taking, physical examination and communication, although the proportion of each of these can vary according to the scenario.
- For all sections of the scenario think carefully about the level of detail which is required - too much makes the scenario unworkable, too little makes it unrealistic. There must be sufficient content to form the basis of a 15 minute consultation and a 5 minute discussion with the examiners.
- Provide adequate detail for the patient/surrogate. Remember to include both positive (e.g. a history of back pain) and negative (e.g. an absence of mouth ulcers) information – try to think through what a good candidate could sensibly ask the surrogate and include this, so they can have an appropriate answer ready. All scenarios should include information on alcohol consumption, smoking history, diet, foreign travel and allergies, whether positive or negative. However, bear in mind the surrogate will need to remember the information so avoid unnecessary detail.
- When listing medication, check that only generic drug names are used, with clear dosing instructions. For example: bisoprolol 2.5mg once daily, not Cardicor 2.5mg bd. Patients/surrogates should be encouraged to have a printed list of medication to show the candidate where appropriate.
- Consider what information the patient/surrogate should volunteer spontaneously and what they should only give when specifically asked. This recreates real interactions with patients, who rarely volunteer all necessary information at the start of the consultation. The information to be volunteered should be just enough to give the candidate a steer towards relevant enquiries.
- Include questions the patient/surrogate should ask. Consider what a real patient would ask in this situation. Initial questions are likely to relate to diagnosis and management.
- The Academy of Medical Royal Colleges initiative 'Choosing Wisely' aims to improve conversations between patients and their doctors/nurses. It focuses on shared decision making and enabling patients and clinicians to choose care that is:
 - Supported by evidence

- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary
- Consistent with patients' values

It also encourages patients to ask four questions when seeing a health professional: 1. What are the benefits? 2. What are the risks? 3. What are the alternatives? 4. What if I do nothing? These prompts can be useful in guiding scenario writing, particularly patient/surrogate questions and examiner guidance in Consultation scenarios.

- Be as specific as possible for the examiners in areas which must be covered or issues which must be addressed. Follow the specific advice re skills. Common errors are to include straightforward explanation in Skill F – it should be in Skill C. Skill E includes ethical judgements (eg honesty) as well as investigations and management, if appropriate. Skill F is more about the active seeking of concerns and the manner of addressing, rather than the content of the answers, which are usually Skill C or could be D or E. However, it is accepted that there is overlap between some of the skills. For some skills, there is standard advice which should not be changed.
- Once you have written your scenario read through it to look for any areas of inconsistency between the three sections. It is important the candidate, surrogate and examiner do not have conflicting information.