

CANDIDATE INSTRUCTIONS AND GUIDANCE NOTES

MRCS PART 3

CLINICAL EXAMINATION

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1. General information

These guidance notes refer only to the “Clinical Section” of the Intercollegiate MRCS. The “Communication Section” of the examination will usually run simultaneously with this part of the examination, either in series or in parallel sessions. The structure and format of the Communication part of the examination will be included in the accompanying document. Candidates who have already passed the communication section will not be required to retake it.

The clinical and communication parts of the MRCS examination will take place together. This will normally occur in March, June and November and will run at approximately the same time for all the UK Colleges. The number of days over which the examination runs will be variable depending on the numbers of candidates sitting.

2. Structure

The clinical section of the examination will be used to test your ability to perform clinical examination alone. It has been agreed that there are 8 clinical areas which should be tested and are relevant to this part of the examination. It is essential that you should be able to demonstrate to an acceptable level your ability to examine patients in the following areas:

- a) Skin and subcutaneous lesions
- b) Breast / axilla
- c) Neck
- d) Trunk – abdomen / chest
- e) Groin
- f) Vascular pathology
- g) Orthopaedic disorders

It is very important that you practice your ability to demonstrate a good technique of clinical examination for these areas because you will be tested in all of them.

The clinical examination will be divided into 4 bays encompassing patients with all the above pathologies:

- **Head and neck, breast / axilla, skin**
- **Trunk and groin**
- **Vascular**
- **Orthopaedic**

Actors will not be used for this part of the examination, only true patients.

The examination will be held in various centres. All will have a similar layout with 4 bays of 15 minutes each, with 5 minutes between each bay for the purpose of marking and documentation by the examiners, and to allow you to move easily between bays. In some centres the 2 communication skills bays will be taken as bay 5 and 6 in series with the clinical bays. In other centres

the communication skills bays may be at an area away from the clinical and be taken by candidates either before or after they have completed the clinical sections.

However the priority for all Colleges will be that they will strive to ensure that at all times the 2 parts of the examination (Clinical and Communications skills testing) run in the same centre on the same day to avoid you having to travel to 2 different sites at different times.

Although these 2 parts of the examination will run together you must note that there will be no overlap of marks between clinical and communications sections and no cross compensation. This means that you may fail 1 or other part and if so, you will fail the examination overall. If this happens, you will only have to re-sit the section you have failed.

Mobile phones must be switched off at all times and if candidates are seen holding their phones it will be assumed that they are using them

3. Proof of Identity

Candidates must bring proof of identity to the examination. Proof of identity must be an official document, such as a current passport or driver's licence that includes the candidate's name, signature and photograph.

For the purposes of visual identification, any candidate sitting the examination may be required to remove any clothing and/or other item which covers all, or part of, the candidate's face. The colleges will observe sensitivity in the visual identification of candidates.

4. Conduct of examination

Within each of the 4 separate clinical bays will be 2 examiners who will both examine for approximately the same length of time. Normally the 2 examiners will not share the same specialty interest. This aids in setting the correct standard for this part of the examination. Since you will spend 15 minutes in each bay, you will be examined for approximately $7\frac{1}{2}$ minutes by each examiner, the change-over time being indicated by a bell. Since there is a 5 minute gap between each bay for marking and documentation by the examiners and to allow you to move from 1 bay to another, the total duration of your clinical examination will be 75 minutes.

In some centres there will be double streaming of candidates. This means that two candidates will be in each of the clinical bays with two pairs of examiners. You will be briefed about this by the Supervising Examiner and the administrator. It is vital that you follow their instructions. The examiners will introduce themselves and the topic of the bay at the start of each part of the exam.

On occasions there will be other personnel in 1 or more bays e.g. trainee examiners observing, or external Quality Assurance who will be assessing the

examiners. These people will be introduced to you at the beginning but will take no active part in your examination. You will be briefed before your clinical sections by the Supervising Examiner. He/she will read out the examiner pairings and it is important that you indicate if you are known to any of the people examining you. If you are related to or have worked directly for any of the examiners as an SHO then please let the Supervising Examiner know and a substitute examiner will be used.

You will be asked to fill in a feedback sheet when you have finished. Please fill them in as it helps the Colleges improve the examinations. You will also be seen by the Supervising Examiner at this stage and if you have any immediate concerns about any aspect of your examination please discuss them then.

You must be aware that it is accepted that, on occasions, it may not be possible to provide patients to cover all the desired fields. However this should be unusual since the cases highlighted for each bay will be common conditions. It is also accepted that a patient may suddenly withdraw at short notice from the examination and not be replaceable. However, all key areas will be covered wherever possible.

All bays will have an appropriate spectrum of cases to allow a standardisation between centres and between examinations. Depending on the bay will depend the number of cases that you will be expected to see. The enforcement of an exchange of examiners midway within each bay will ensure that you will move on to other cases. Although we are aware that a poorly performing candidate may end up seeing fewer cases than a very good candidate, it is not the case that a candidate who is taken to see fewer patients will necessarily be more likely to fail. You will see the full range of cases in the examination. No importance should be attached to the actual number of cases seen.

While it is important to recognise that this part of the examination is primarily for testing clinical examining skills, examiners may ask you to take a limited history to help in the assessment of a patient or may ask you to make comment on some key point in management if this is felt important. Use of props, such as X-rays, scans; etc may be used but will form a limited part of this section of the examination.

Do not hesitate to ask the examiners if instructions are not clear.

5. Additional information

To facilitate the assessment of non-verbal communication skills and interaction with the examiner and patient (or actor in the role of the patient as the case may be), the colleges reserve the right to require candidates to remove any clothing and/or other item which covers all, or part of, the candidate's face.

- a) Since patients will be helping us with this examination, it is vital that you are as courteous and kind as possible to these patients. Failure to introduce yourself and to respect these patients will be unacceptable to the examiners, particularly if any patient has a painful lesion. You must also be aware that many patients are nervous about participating in this examination and may be concerned that they may say something which will fail you. They also therefore are frequently anxious. They have taken time to come and help us and to help you, so please be courteous to them. Most patients ask afterwards how successful you have been and are genuinely concerned that you do well.

Please do not criticise a patient's treatment in front of them. He/she does not want to hear this no matter how wrong you think it is. This can be discussed away from the patient's hearing.

- b) Good hand hygiene is vital. Aqueous gel or hand washing facilities will be available and must be used between all patients. In the 5 minutes between each bay, you must wash your hands.
- c) To facilitate the assessment of non-verbal communication skills and interaction with the examiner and patient (or actor in the role of the patient as the case may be), the colleges reserve the right to require candidates to remove any clothing and/or other item which covers all, or part of, the candidate's face.

All recent examiners from the Colleges have attended an examiner's training course designed for the Intercollegiate MRCS and are fully accredited by their College. In addition examiners trained for the previous versions have attended a re-orientation course for this examination. A system is being put in place for auditing of examiners to ensure a tight consistency of marking and standards through all stages of the examination, between all centres, and at all sittings. All the examiners have regular appraisals of their performance. The format of this examination is under continual scrutiny by a system of both internal and external quality assurance to ensure that it has a structure reflecting the best of all methods for assessing your clinical abilities.

6. Results

Results will appear on the College website on the date specified on the admittance letter and written confirmation will follow at a later date.

7. Feedback to Candidates

With effect from the June 2009 diet, feedback to *all* candidates for Part 3 (Clinical Skills) of the MRCS examination will comprise the mark awarded in each part of the Part 3 (Clinical Skills) examination, together with the overall mark, the marking scheme and the grade descriptor. No further feedback will be available.

The mark descriptors are as follows:

MRCs CLINICAL MARK DESCRIPTORS

Examiners award marks based on their professional judgement using the following generic mark descriptors as guidance:

Mark of 1 (Fail)

The candidate did not demonstrate a satisfactory level of clinical skills over the majority of cases examined. The candidate's approach to the patient was inappropriate (limited or no introduction, poor patient courtesy and respect) and/or patient handling was rough with obvious patient discomfort and little attention paid to the patient's non-verbal signs. The candidate made critical errors and was unable to prioritise. The candidate needed frequent prompting and hints. The responses were not organised and because of deficiencies in examination technique the candidate was unable to elicit appropriate clinical signs and could not cover the range of cases to be examined.

Mark of 2 (Borderline fail)

The candidate was able to demonstrate the minimum acceptable level of clinical skills in some areas but not in others. The candidate's approach to the patient was appropriate but there were significant gaps in his/her understanding and application of clinical examination techniques. As a result some significant errors were made. While perhaps one case in the bay was handled well, with others there was failure to elicit and interpret clinical findings that candidates were expected to get. The candidate's examination techniques were poorly organised and he/she usually required some prompting. Some answers were slow and unconvincing. Examiner intervention was frequently required to ensure that a sufficient number of cases were covered in the bay.

Mark of 3 (Borderline Pass)

The candidate was able to demonstrate a satisfactory, or the minimum acceptable, level of clinical skills in most areas and in all critical areas. In depth knowledge and skill was not, however, demonstrated. Appropriate examination techniques were applied in most areas and the interpretation of clinical signs adequate. No significant errors were made and responses were organised. He/she was generally able to cover the range of cases to be examined with little prompting or hints. The examiner judged that the candidate had the skill level and understanding to pass, despite requiring some support to demonstrate this in some cases in the clinical bay. He/she was deemed capable and safe to proceed into further surgical training.

Mark of 4 (Pass)

The candidate was able to demonstrate a satisfactory level of clinical skills throughout the bay. There were no errors in critical areas. The candidate was able to prioritise and was 'safe' throughout. In depth understanding was evident in some but not necessarily all areas. The candidate was generally able to interpret the clinical findings he/she elicited to formulate an appropriate management/investigative plan. The responses were well constructed and organised. He/she was able to cover the range of topics to be examined with very little prompting. The examiner judged that the candidate had the knowledge and understanding to pass and was capable and safe to proceed into further surgical training.