

WESSEX DEANERY

MRCPCCH

EXAM GUIDE

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MRCPCH EXAMINATION GENERAL INFORMATION

MRCPCH EXAMINATIONS

The written MRCPCH examinations can be taken at any time during foundation training but are often started at the end of F2 or the beginning of speciality training. It is not necessary to have passed any of the MRCPCH examinations before applying for paediatrics in Wessex.

Once in a training post, it is an ARCP requirement for paediatric trainees to progress with examinations. Currently, you need to have completed two out of the three written examinations by the end of ST2 to progress into ST3, and ALL parts of the MRCPCH exam (written and clinical) by the end of ST3 for progression to level 2 training (ST4-5).

Postgraduate exams are notoriously difficult and it is not uncommon for candidates to require more than one attempt on one or all of the examinations. It is important to think about this when considering timeframes and progression through training. There are three sittings of each exam in the year. The RCPCH does allow you to take the *written* examinations out of sequence, so, for example if you are struggling with the Theory and Science (TAS) exam you are able to attempt the Applied Knowledge in Practice (AKP) exam before having passed TAS. All written examinations must be passed before you can apply for the clinical examination.

The RCPCH allow up to six attempts to pass each of the MRCPCH exams. If you do not pass an exam after six attempts you will need to provide the college with evidence of additional educational experience before you can attempt that exam again. This evidence and support would come from the deanery and your educational supervisor.

If you are struggling with a particular exam and are repeatedly unsuccessful please be reassured that you are not alone. You are not the first and will not be the last person to struggle with these exams, and it in no way reflects poorly on your clinical abilities as a doctor. Please speak to your educational supervisor early if you are having difficulties. They should be happy to support you and can refer you to the professional support unit who are able to give more tailored exam preparation advice and revision guidance. For more information please see the [Wessex Deanery](#) website.

PART ONE

FOUNDATIONS OF PRACTICE (FOP)

THEORY AND SCIENCE (TAS)

PART ONE

Part One consists of two exams - Foundation of Practice (FOP) and Theory and Science (TAS). These exams were previously known as part 1A and 1B and are still informally referred to as these by lots of paediatricians. Each exam is 2.5 hours in length and they are held on the same day, with FOP in the morning and TAS in the afternoon. The exams are independent of each other, and can be sat together (which is slightly cheaper) or separately.

FOUNDATION OF PRACTICE (FOP)

FOP is the first part of the MRCPCH exams. It is also sat by GP trainees as part of the Diploma of Child Health (DCH). This exam is about having a good basic knowledge of paediatrics rather than having detailed knowledge about complex conditions. It assesses knowledge, understanding and clinical decision making abilities of common paediatric syndromes, illnesses and emergencies as well as awareness of some of the rarer topics. FOP assesses the standard of someone entering their core specialist training. As FOP is sat by GPs, this paper also contains some more GP focused and community themed aspects, e.g. prescribing contraceptives to teenagers.

Common themes for FOP

- Sepsis, particularly meningococcal meningitis
- Cardiac lesions e.g. coarctation of the aorta
- Non-accidental injury
- Common syndromes e.g. Down's syndrome, Turners syndrome
- Developmental milestones
- Growth and nutrition
- Immunisation schedules

THEORY AND SCIENCE (TAS)

The TAS exam aims to test the basic scientific, physiological and pharmacological principles upon which clinical practice is based and the principles of evidence-based practice. The focus of this exam is not on general knowledge of a condition or its treatment, but on the specifics of anatomy, physiology, pathophysiology and immunology underpinning everyday medicine and the side effects and actions of drugs. This exam is considered to be one of the harder exams making up the MRCPCH as it involves complex problem solving questions requiring in-depth, often esoteric knowledge. Try to think back to the basic scientific principles taught in the first years of university and build upon those. Make sure you revise **specifics** including receptors and pathways that do not come up in more clinical based exams, in addition to statistical tests and interpretation of data.

Common themes for TAS

- Renal disorders e.g. Fanconi, Bartters, HUS
- Calcium, vitamin D and bone metabolism
- Genetics in common syndromes and genetic testing
- Immunology
- Allergy , including hypersensitivity reactions
- Statistical analysis (this features heavily)
- Hormone synthesis and action
- Drugs , including mechanism of action, side effects and effects of overdose (most commonly - antiepileptic, analgesia, antiemetic, antidotes for overdose)
- Cardiac lesions
- Haematology and oncology
- Diabetes insipidus, including water deprivation tests
- Blood gasses and ventilator settings
- Gut absorption
- Clotting disorders

PART ONE QUESTION DESIGN

The papers are comprised of:

- 61 Best of five questions (4 marks per correct answer)
- 14 Extended matching questions (3 marks per correct answer – total of 9 marks per question)

Multiple true/false questions are no longer included in the FOP and TAS exam

There are no negative marks given in these exams, so attempt all the questions!

BEST OF FIVE

These questions are designed to test judgement and experience. A simple statement or short clinical scenario leads into five options. All could be possible but only one is completely correct, or more appropriate than the others. These are therefore the most difficult questions to answer as it can be hard to pick the right option of the five offered, especially as sometimes in a true clinical situation you may actually be doing a few of these options simultaneously.

Each question should only cover one aspect of the topic, so stems might be:

- 'What is the most likely diagnosis?'
- 'Which investigation is most likely to lead to a diagnosis?'
- 'What is the best next step?'
- 'What is the best advice to give to parents?'
- 'What is the most likely pathogenesis of this condition?'
- 'What is the most common cause of this?'

The best of five questions account for the highest proportion of marks in the paper so make sure that you complete **all** questions in this section. Take your time reading and answering the question and if in doubt go with your gut instinct rather than over thinking the question and second-guessing yourself.

EXTENDED MATCHING

These are similar to the best of five questions. A statement is given and the candidate has to pick the correct answer from the attached introductory list of ten possible answers. Again, all could be possible but only one is completely correct or more appropriate than the others. Extended matching questions are often accompanied by results that need to be interpreted to give the correct answer.

These should also only cover one aspect of a topic such as:

- Choose the most likely diagnosis from the following results
- Choose the best treatment for each of these children
- Choose the organism which matches most closely each of the following case scenarios

GENERAL ADVICE

The FOP and TAS exams are all about pattern recognition with certain topics featuring highly even if they are uncommon in everyday practice. Do questions from the online banks to get a feel for the type of questions you will be asked, which topics are asked about and what answer they are leaning towards. That being said, it is important to consider how you revise as this way may be completely different from methods you have used for previous exams.

The TAS will require you to do plenty of **learning**. Try a combination of textbooks and online resources so you don't get bored of doing the same thing and most importantly work out what suits your learning style. There is a curriculum on the RCPCH website which is broken down into systems which can help guide your learning, but the learning outcomes are vague and broad. The syllabus for FOP and TAS can be found on the RCPCH website at [by clicking here](#).

Make sure you look at the last pages of the syllabus as this gives a rough breakdown of the proportion of the paper covered by certain topics and which areas of the syllabus are proportionally more likely to come up in your exam.

MULTIPLE CHOICE QUESTION TIPS AND TRICKS:

- Read the question carefully. If you are answering a question and you miss out the word “except” in the phrase “all of the statements are correct except” you will put down the wrong answer – you may find using a highlighter in the exam to annotate questions may be helpful
- Leave time to check your answers at the end to make sure you have read the question correctly
- Trust your instinct – if in doubt your initial answer is likely to be correct
- Answers with always or never are usually false as rarely in medicine does something always or never happen
- Beware of double negatives - not uncommon and not infrequently both mean often
- Answers containing numbers can be tricky. Ask yourself what the number means in the context of the question, for example if the question states 75% of infants walk by their first birthday, ask yourself do the majority of infants walk by their first birthday?

PRACTICE PAPERS

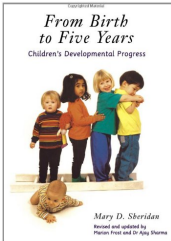
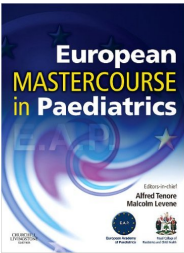
Practice papers can be found on RCPCH website [here](#). These allow you to test your knowledge and try similar types of questions that would come up in the exam and enable you to get used to the exam format on the computer software. You will be given a score at the end and it will highlight which questions are correct but will not give answers. You can take the sample paper as many times as you wish, but the questions that feature will remain the same.

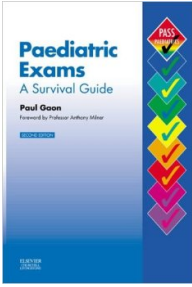
FOP AND TAS RESOURCES

Below is a list of textbooks and revision websites that have been used by paediatric trainees in Wessex who have recently sat the MRCPCH exams. This list includes only a handful of the numerous resources that are available and are based on opinion only. As with most things


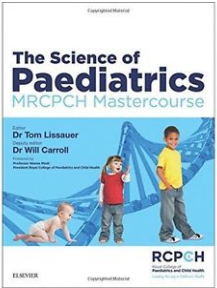
related to postgraduate exams these can come with quite a hefty price tag. We advise that you try before you buy as most of these resources are available in the libraries around the region. It is also worth asking your senior colleagues whether you can borrow theirs!.

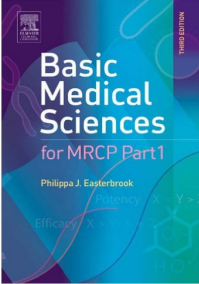
BOOKS FOR FOP AND TAS

	<p>Lissauer and Claydon, Illustrated Guide to Paediatrics (aka 'The Sunflower book')</p>	<p>This is the textbook most of us used in medical school. Some may find it oversimplified, but it contains lots of pictures and includes summary boxes and tables which are helpful.</p>
	<p>Beattie, Essential Revision notes in Paediatrics for MRCPCH</p>	<p>Comprehensive, large, reference textbook but not particularly easy to study from (unless you like learning lists) and does not have a huge amount of context.</p>
	<p>Sheldon, From Birth to Five Years</p>	<p>Very good book for early child development which comes up mainly in FOP.</p>
	<p>Levene, MRCPCH Mastercourse – this has now been superseded by Lissauer and Carroll</p>	<p>MRCPCH Mastercourse is endorsed by the RCPCH. It does not cover the complete content of the exam. You will either love or hate the format, with a mixture of standard text and case histories. Bright and colourful, but actually contains no more information than some of the standard undergraduate textbooks and at £200 it certainly is not the cheapest book around. Does come with a CD of various examinations, pictures and access to a website. However the website is not very user friendly and has limited content. The pictures however are useful for part 2. Definitely one to try before you buy!</p>

	<p>Paul Gaon, Paediatric Exams, A Survival Guide</p>	<p>Well laid out and liked by most. It includes lots of examples of data interpretation such as cardiac catheter data, lung function and audiograms and therefore more suited to the applied knowledge in practice (AKP) exam</p>
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BOOKS FOR TAS

	<p>Clinical cases for MRCPC Theory and Science</p>	<p>This is the RCPCH official resource tool specifically for the TAS exam. It can be purchased at £25 through RCPCH website here. It is by no means an extensive revision tool to be used in isolation but comprises of numerous clinical cases giving an idea of the depth of knowledge expected and the types of questions asked.</p>
	<p>Lissauer and Carroll, The Science of Paediatrics: MRCPC mastercourse</p> <p>We highly recommend this text book!!</p>	<p>This book was released in April 2016 and is tailored to the curriculum for the TAS examination. It is an easy to read good overall textbook with numerous diagrams and exam-format questions embedded in the text.. and if learned cover to cover will lead to exam success. The book can be ordered through Elsevier books and the link is on the RCPCH website here. The book costs £199.99, which includes the e-book allowing access to the content on tablets and phones.</p> <p>The Wessex Deanery have recently purchased 6 copies for their trainees to borrow –Please contact Dr Emma Grainger-Allen about borrowing them.</p> <p>It is also worth asking around, as people who have previously purchased this book and passed the exam are usually more than happy to sell it on.</p>

	<p style="text-align: center;">Easterbrook, Basic Medical Science for MRCP Part 1</p>	<p>Best book for basic medical science. It is designed for MRCP so does not contain paediatric specific data but contains easy short summaries on science topics that come up and is a good refresher of things that you can only vaguely recollect from medical school.</p>
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ONLINE RESOURCES

- **Pastest** - good value for money and easy to use. It only comes as a joint package for TAS and FOP but has good online lectures which are a nice break from questions alone. Pastest seems to have more clinically based questions and is therefore better for FOP.
- **Onexamination** - These questions are considered easier than the ones in the exam so aim for an average mark of over 70% (pass mark is around 60-63% in the exam). Onexamination will do joint or separate FOP and TAS subscriptions. The TAS specific questions are thought to be more similar to the exam than those on pastest for TAS.
- **123doc** – A less well known revision resource and cheaper. It does separate FOP and TAS questions and like the others has a good question bank with adequately detailed answers.
- **RCPCH practice papers** – found on RCPCH website.

PART TWO

APPLIED KNOWLEDGE IN PRACTICE (AKP)

APPLIED KNOWLEDGE IN PRACTICE (AKP)

This exam was formally known as Part 2. There are two papers, each 2.5 hours duration, which take place on the same day. The marks are combined from the two papers, each paper carrying approximately the same amount of marks. The paper is not negatively marked.

The exam is constructed of:

- Best of five questions
- Extended matching questions
- Choice of many

Questions may be based on:

- Photographs
- Data interpretation
- Case histories

Before you start revising for this exam, consider printing the exam syllabus and working through the outcomes in topics.

PHOTOGRAPHS AND IMAGES

Each question is based upon photographs which appear as icons and can be enlarged on the screen. The photographs are prepared from clinical and retinal photographs, radiographs, illustrations of investigation results and occasionally from pathological material. Candidates are asked to identify abnormalities, or provide a diagnosis, to recommend investigation or treatment or a combination of these. Be warned, the images are small, you can not zoom and can be a little frustrating to look at! Consider the following in your studies:

- Important and common rashes
- Common dysmorphic syndromes
- Common eye conditions (retinal pictures and eye pathology)

- Pictures and radiology from a book such as MRCPCH Part 2 by Creese, Powell and Cartlidge (although a little out of date format wise)
- Google image syndromes, rashes, eye conditions, etc as you read about them.
[Dermnet NZ](#) is great for rashes
- CXR, AXR, CT and MRI head, abdominal CT, especially renal imaging (DMSA, MAG3).
Look to test yourself and learn about imaging online, for example [Virginia Radiology](#)

Neonatal radiology lends itself well to the exam. Make sure that you have gone through:

- Line and tube placement
- UVC and UAC
- Central lines
- ET tube placement
- CXR
 - Large but normal neonatal thymus
 - Pneumothorax, pneumomediastinum, pneumopericardium
 - Diaphragmatic hernia, cystic adenomatoid malformation (CAM), congenital lobar emphysema
 - Hyaline membrane disease, transient tachypnoea of the newborn, neonatal pneumonia, meconium aspiration syndrome
 - Tracheal-oesophageal fistula, oesophageal atresia
- AXR:
 - Meconium ileus
 - Necrotising enterocolitis and or perforation
 - Atresias
- HUSS - would have to be obvious, for example, grade 4 intracranial bleed or cystic changes

DATA INTERPRETATION

Each question will consist of items such as sets of laboratory data or graphical data, for example ECGs introduced by a short statement of the clinical setting. Be sure to include the following in your revision:

BLOOD RESULTS

- Different types of anaemias
- Clotting disorders (haemophilia, VWD, etc)
- HUS
- Calcium, phosphate, vitamin D disorders e.g. hyperparathyroidism, hypoparathyroidism, rickets, vitamin D dependent rickets, etc
- Renal tubular disorders eg. Fanconi, Bartters
- CAH, Addisons
- DI - including water deprivation tests

BLOOD GASES

Make sure to know normal values for all aspects of blood gases as these are not given!

ECG

Usually obvious e.g. complete heart block, WPW, SVT, sinus tachycardia

This paper is helpful : Paediatric Electrocardiograph BMJ 2002; 234:1382-5

CSF

Make sure you know the different findings in bacterial, viral and TB meningitis and encephalitis.

SPIROMETRY

With understanding of changes in varying underlying disease (particularly asthma)

EEG

- Hypsarrhythmia
- 3 Hz spike and wave
- Encephalitis
- Temporal lobe epilepsy

AUDIOGRAMS

Sensorineural versus conductive hearing loss

CARDIAC CATHETER DATA

Draw it out as a diagram.

STATISTICS/CRITICAL APPRAISAL/STUDY DESIGN

Interpretation of p values, confidence intervals

Most appropriate study design to answer questions

CASE HISTORIES

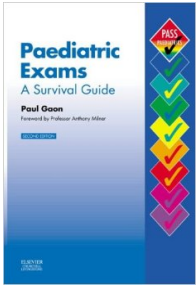
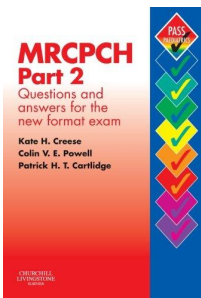
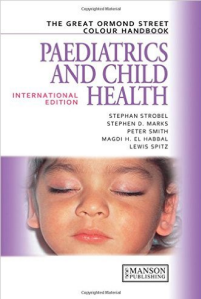
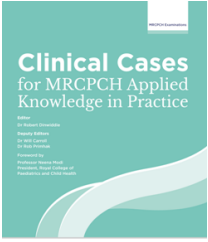
Each question will be a case history with results of physical examination and investigations. The questions are designed to test ability in diagnosis and in the planning of investigations and management.

Long case histories are presented, often lasting several paragraphs with or without blood gases or blood test results. It is important to highlight key points as you read through and re-read the case several times. Case histories include common topics and rarer conditions. You will almost certainly come across a few things in the answers that you have never heard of!

Eliminate answers that are definitely incorrect and you will probably be left with two or three answers. The task is then to pick out the key information that separates the conditions – think about this when revising, look at conditions which present similarly and how they differ.

RESOURCES FOR AKP

BOOKS

	<p>Paul Gaon, Paediatric Exams, A Survival Guide</p>	<p>Great textbook, all you really need to pass the exam. Well laid out, focuses on knowledge to get you through the exam, not for everyday ward problems. Includes examples of data interpretation such as cardiac catheter data, lung function and audiograms. No pictures though</p>
	<p>MRCPCH Part 2, Questions and Answers by Creese, Powell, Cartledge</p>	<p>Outdated in terms of format but great resource, especially for pictures and answers.</p>
	<p>Stephen Stobel, The Great Ormond Street Colour Handbook of Paediatrics and Child Health</p>	<p>Good photographic material in this book, containing more information on slightly more unusual diagnoses than found in other textbooks.</p>
	<p>Clinical cases for MRCPCH Applied Knowledge in Practice</p>	<p>Brand new book from the RCPCH, available to order online.</p>

ONLINE RESOURCES

- www.pastestonline.co.uk – Seems to be the preferred question bank for AKP. A greater number of questions than other online question banks but very few have photographs or data to interpret except for blood results. Cases are significantly shorter than those seen in the exam. Good for knowledge consolidation.
- Google images
- www.onexamination.com – Limited question bank, however, quite good for data interpretation and pictures and well as long case questions. They also generally provide good links in their question feedback
- Exam papers on RCPCH website for practicing exam format. No answers given

MRCPCH CLINICAL EXAMINATION

CLINICAL EXAM

The aim of the clinical exam is to test your ability to work at the level of a junior registrar. You must have passed all the written examinations before taking the clinical examination.

Candidates are expected to demonstrate proficiency in:

- Communication
- History-taking and management planning
- Establishing rapport with both parents and children
- Physical examination
- Child development
- Clinical judgement
- Organisation of thoughts and actions
- Recognition of acute illness
- Professional behaviour
- Ethical practice

EXAM FORMAT

Ten OSCE style stations that will test the candidates ability in:

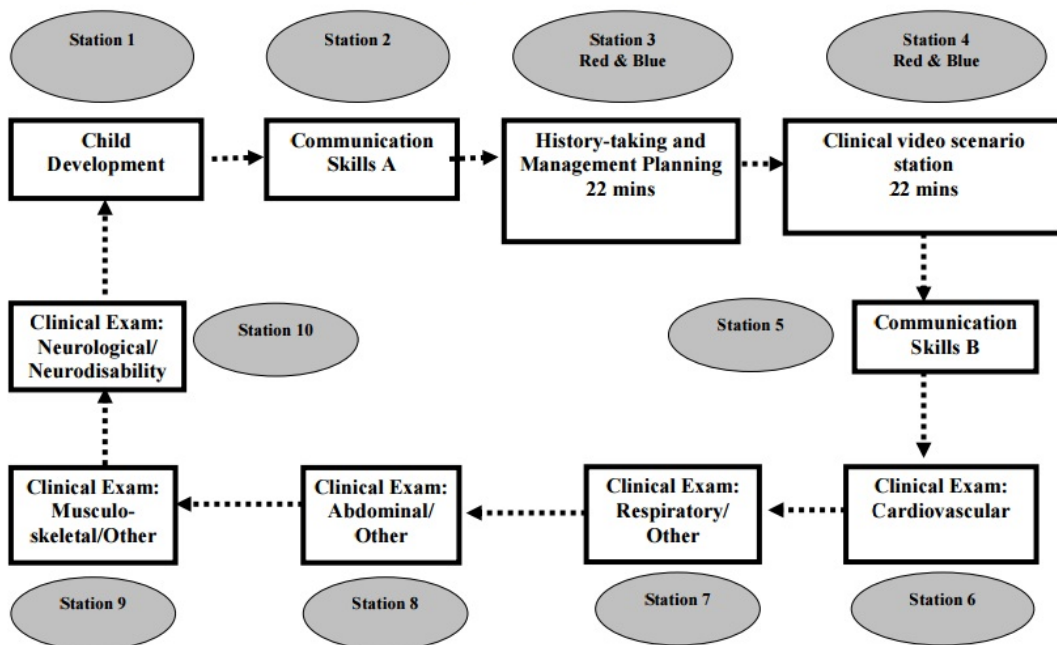
- Communication skills
- Observed history taking and discussion of management
- Six short case assessments of clinical examination followed by discussion of diagnosis and management
- Developmental assessment of a child

- Acute paediatrics (usually in the video station)
- Recognition and diagnosis of clinical signs and symptoms

Candidates will normally be assessed by a different examiner at each clinical station, so performance at one station does not influence the next station. The clinical examination stations and communication stations are 9 minutes long. The History-taking and Clinical Video Stations are twenty-two minutes long. There is a 4 minute break between each station with the entire circuit taking 152 minutes to complete. The sequence in which a candidate takes the stations in the circuit will vary. Note that the clinical examinations may not be your standard systems (i.e. don't expect to always examine an abdomen in Abdominal/Other)

CLINICAL EXAMINATION STATIONS

NEW MRCPCH CLINICAL EXAMINATION CIRCUIT (Revised January 2009)



All stations of 9 minutes' duration, except Stations 3 and 4 which are each 22 minutes in length

Station 1 Child Development

Station 2 Communication One

Station 3 History Taking &
Management Planning

Station 4 Clinical Video

Station 5 Communication Two

Station 6 Cardiovascular

Station 7 Respiratory/Other

Station 8 Abdominal/Other

Station 9 Musculoskeletal/Other

Station 10 Neurology/Neurodisability

WHERE TO START?

- Find out who else is due to be taking the exam and make a study group – you can help each other!
- Arrange a study/teaching timetable with local consultants and registrars
- Start about 6-7 weeks before the exam. Any earlier and you will burn out.
- Practice, practice, practice. There is so much pathology to be found on G-Level. Go to the wards in small groups of 2 or 3.
- Read all the information on the RCPCH website to familiarise yourself with how the exam works. There are guidelines on what is expected when examining different systems and how the marking is performed [click here](#) and [here](#).

ORGANISE TEACHING

- Local consultants and registrars are often happy to help with teaching sessions – contact them and see if they will be happy to arrange a session.
- Organise a timetable of teaching and if only small groups are allowed then take it in turns. Don't expect one person to arrange all the teaching. Try to have a mixture of consultants that know you and those that don't provide you with feedback.

- Consultants to contact:

- Ian Rodd, Winchester – General exam technique

- Sumit Bokhandi, Poole – Cardiology, General

- Emma Grainger-Allen, Southampton – Communication

- Mike Hall, Princess Anne, Southampton – Communication

- Saul Faust, Southampton – Video Scenarios

- Dr Leahy, Southampton – Rheumatology + pGals

- Dr Hannah Buckley, Portsmouth – General Paediatrics

- Sebastien Austin, Portsmouth – General Paediatrics

- Andrea Witney, Southampton – Neurology

Other people to consider asking include – Gary Connett, Justin Davies, Shuman Haq, Antoinette Macaulay, Mark Tighe, Katrina Cathie, Roy Sievers, James Gnanapragasam. They have all been happy to help in the past.

GENERAL EXAM TECHNIQUE

- Your clinical examination of all systems should be so well practiced that they are automatic by the time you sit the exam. This way you can focus on picking up the clinical signs, rather than what comes next in your examination
- Pick up as many clues before you touch the child i.e. clues around the child or bed, scars, level of nutrition, etc
- There are a few chronic conditions with lots of signs that lend themselves well to the exam, i.e. NF1, CF, post op cardiac surgery, Marfans, glycogen storage diseases - know them well!

- Know how you will approach any eventuality that may arise. For example, doing a cardiac examination on a bouncy 2 year old or a lower limb examination on a child in a wheelchair
- Decide whether you will present your findings as you go or at the end
- Practice presenting your findings slickly in front of scary consultants. It makes you appear more confident
- Do not panic if the child cries or refuses examination. Be nice, try distraction, but do not upset the child further. The examiners recognise this is a problem with children. Comment on what you can and state what else you would ideally do and that in real life you would return later if possible to complete the examination. (People have passed cardiology stations without listening to the heart of a screaming child)
- Some of the stations will be “OTHER” examinations i.e. thyroid, haematology, eyes, skin, so make sure you practice some more ‘obscure’ examinations
- Remember children may be used in examinations out of context – i.e. child with CF used for abdominal exam if they have a scar due to meconium ileus
- The MSK station can be tricky as often requires a modified examination. Listen to what the examiner asks of you. Adopt a look, feel, move approach and be familiar with pGALS (See arthritis UK website).

DEVELOPMENT STATION

- Get someone to teach you a succinct approach to examine each of the developmental areas
- A good way to practice is to spend an afternoon in children’s outpatients waiting room - you will see a mixture of children with developmental issues
- You may or may not be told the child’s age at the start. You will then be expected to assess whether they are developing appropriately or delayed with an approximate developmental age

- The child's development may be normal
- Often, you will be asked to examine one or two aspects of a child development i.e. fine motor and language skills
- For speech and language do not forget hearing – try clapping or making loud noise behind child for gross assessment
- For fine motor, do not forget to make a brief statement on vision/use of glasses
- You can make comments to the examiner as you proceed such as “this skill would be expected of an xx year old.” This may stop you forgetting where you are at with the examination
- Make it fun – the child will interact with you better as they are likely to be bored of building towers and drawing circles if you are the twelfth person to examine them!

COMMUNICATION

- They are expecting the candidate to communicate in areas that an ST4 might encounter
- The main focus is communication, but you will be marked on your knowledge surrounding the scenario. There are techniques to get around this, for example if you are asked to teach a medical student on a topic you know very little about, lines such as “I need to check up on some information, shall we meet tomorrow to discuss again,” or if asked a question by a parent then “I will check and get back to you.” Honesty is better than saying something that is clearly factually incorrect and demonstrates the approach that you would hopefully take in real life!
- Read the Task before you start! There will be certain points that you need to cover in the allotted time to get the full marks
- Explaining subjects to a medical student is popular e.g. problems associated with extreme prematurity

- Other topics commonly are:
 - Explaining a diagnosis
 - Reason for admission
 - Change in treatment
 - Conflict resolution with colleagues
 - Breaking bad news
 - Counselling in threatened preterm labour

- Communication scenarios should follow a basic structure of:
 1. Introduction
 2. What the other person knows already and what they want to know
 3. Explanation of what they want to know
 4. Clarification of understanding and opportunity to ask questions
 5. What you are going to do now and what you expect the other person to do

- Drawing diagrams can be a useful way of explaining things

VIDEO STATION

Designed to cover topics that cannot be covered elsewhere. Normally ten short clips with associated questions – this station is twenty two minutes. It is a ‘wildcard station’ - There is little preparation you can do! Favourite topics include:

- Gait
- Emergencies – acute asthma, bronchiolitis, DKA
- Chest and cardiac signs, etc using a recording stethoscope to show the signs
- Lumps bumps and rashes.
- NAI

- Mental health presentations

Make sure you read the question and watch the video. Remember to put the headphones on (some people do forget!)

- You can watch the videos as many times as you want
- You cannot go back and change an answer once you have submitted it but you can come back to a question you have not answered

HISTORY TAKING AND MANAGEMENT

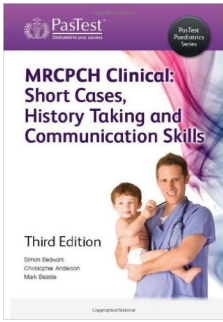
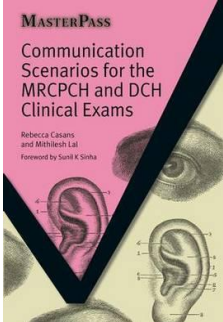
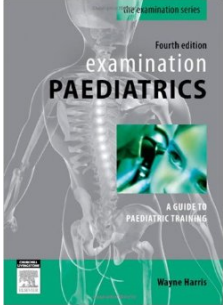
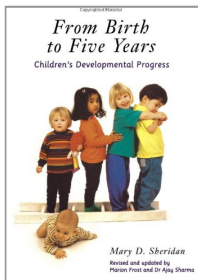
Outpatient style. Thirteen minutes to take a focused history. The patient then leaves and you have nine minutes with the examiner to discuss management planning – total twenty two minutes to complete this station

Practice approach to common outpatient scenarios and their management

- Asthma
- Diabetes
- Constipation
- Enuresis
- Syncope

RESOURCES FOR CLINICAL EXAMS

BOOKS

	<p>SJ Bedwani, MRCPCH Clinical: Short Cases, History Taking and Communication Skills</p>	<p>Excellent descriptions of basic examinations and what to expect in common conditions. Fantastic chapter on communication scenarios and how to approach.</p>
	<p>R Casans, Communication Scenarios for the MRCPCH and DCH Clinical Exams</p>	<p>A whole book full of communication scenarios with advice on what should be included. Excellent for practicing in small groups.</p>
	<p>W Harris, Examination Paediatrics</p>	<p>Written for the Australian paediatric exams, however remains a good text for MRCPCH with excellent descriptions of examinations and interpretation of findings.</p>
	<p>Mary Sheldon: From Birth to Five Years</p>	

REVISION COURSES

Clinical revision courses are expensive, but some people find them useful. Many people do manage to pass MRCPCH clinical without attending clinical revision courses. Courses do provide the opportunity to see lots of different clinical conditions in a short space of time and may provide some exposure to conditions not seen often in Wessex (e.g. sickle cell disease). They can also help build confidence.

- The Tunbridge Wells Course is a great for seeing lots of children with signs and syndromes over a two day period
- The Imperial College MRCPCH clinical course ([see here](#)) was attended and is recommended by a previous author of this guideline. This course includes a full day dedicated to cardiology which can be useful if you have not done a cardiology job. Covers communication, clinical examinations and video stations. This course is expensive and often fully booked several months before the exam so book early if you want to attend.

USEFUL WEBSITES

London School of Paediatrics – Excellent videos of examination technique and ways to present you findings, and lists of common cases - [click here](#).

We wish you the very best of luck in your exams!