

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

MRCP(UK) PACES EXAMINATION - CLINICAL MARKSHEET

STATION ONE: Respiratory System Examination

CANDIDATE NAME (PLEASE PRINT)

Examination Number					
c0	c0	c0	c0	c0	c0
c1	c1	c1	c1	c1	c1
c2	c2	c2	c2	c2	c2
c3	c3	c3	c3	c3	c3
c4	c4	c4	c4	c4	c4
c5	c5	c5	c5	c5	c5
c6	c6	c6	c6	c6	c6
c7	c7	c7	c7	c7	c7
c8	c8	c8	c8	c8	c8
c9	c9	c9	c9	c9	c9

Centre Number			
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c5	c5	c5	c5
c6	c6	c6	c6
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c9	c9	c9	c9

Sheet No.
1
2
3
4
5
6
7

Examiners are required to make a judgement of the candidate's performance in each of the sections (1, 2 and 3) by filling in the appropriate box like this . Please use 2B pencil only.

Brief description of case:

Examiner Number: EXAMINER (PLEASE PRINT NAME AND SIGN BELOW) _____ _____	<table border="1" style="width: 100%; text-align: center;"> <tbody> <tr><td>c0</td><td>c0</td><td>c0</td><td>c0</td></tr> <tr><td>c1</td><td>c1</td><td>c1</td><td>c1</td></tr> <tr><td>c2</td><td>c2</td><td>c2</td><td>c2</td></tr> <tr><td>c3</td><td>c3</td><td>c3</td><td>c3</td></tr> <tr><td>c4</td><td>c4</td><td>c4</td><td>c4</td></tr> <tr><td>c5</td><td>c5</td><td>c5</td><td>c5</td></tr> <tr><td>c6</td><td>c6</td><td>c6</td><td>c6</td></tr> <tr><td>c7</td><td>c7</td><td>c7</td><td>c7</td></tr> <tr><td>c8</td><td>c8</td><td>c8</td><td>c8</td></tr> <tr><td>c9</td><td>c9</td><td>c9</td><td>c9</td></tr> </tbody> </table>	c0	c0	c0	c0	c1	c1	c1	c1	c2	c2	c2	c2	c3	c3	c3	c3	c4	c4	c4	c4	c5	c5	c5	c5	c6	c6	c6	c6	c7	c7	c7	c7	c8	c8	c8	c8	c9	c9	c9	c9
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1. Physical examination <ul style="list-style-type: none"> general inspection confirms position of trachea, assesses chest wall movement correctly percusses over both sides of the chest assesses tactile vocal fremitus when applicable auscultates over both sides of chest auscultates vocal fermitus/whispering pectoriloquy and added sound when applicable 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">clear</td> <td style="border: none;">pass</td> <td style="border: none;">fail</td> <td style="border: none;">clear</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	clear	pass	fail	clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clear	pass	fail	clear						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. Identification and interpretation of physical signs <ul style="list-style-type: none"> identifies abnormal physical signs correctly interprets signs correctly makes correct diagnosis 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">clear</td> <td style="border: none;">pass</td> <td style="border: none;">fail</td> <td style="border: none;">clear</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	clear	pass	fail	clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. Discussion related to the case <ul style="list-style-type: none"> familiar with appropriate investigation and sequence familiar with appropriate further therapy and management 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">clear</td> <td style="border: none;">pass</td> <td style="border: none;">fail</td> <td style="border: none;">clear</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	clear	pass	fail	clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Now record your overall judgement of the candidate's performance taking into account the above: please grade as clear pass/pass/fail/ clear fail, (a fail or clear fail grade must be accompanied by clearly written explanatory comments).

Counselling Recommended	<input type="checkbox"/>
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COMMENTS (PLEASE PRINT)	overall judgement <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">clear</td> <td style="border: none;">pass</td> <td style="border: none;">fail</td> <td style="border: none;">clear</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	clear	pass	fail	clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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please continue in the unshaded area overleaf in necessary									