

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

MRCP(UK) PACES EXAMINATION - CLINICAL MARKSHEET

STATION THREE: Central Nervous 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
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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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c6	c6	c6	c6
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c8	c8	c8	c8
c9	c9	c9	c9

Sheet No.
5
c1
c2
c3
c4
c5
c6
c7

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;"> <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> </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"> where appropriate, assesses higher cortical function, tests cranial nerves in sequence including optic fundi and visual fields appropriately assesses motor function in limbs (tone, power, pinprick, vibration sense, proprioception, temperature) and co-ordination/cerebellar function assesses gait if appropriate 	<table style="width: 100%; text-align: center;"> <tr> <td>clear</td> <td></td> <td></td> <td>clear</td> </tr> <tr> <td>pass</td> <td>pass</td> <td>fail</td> <td>fail</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	clear			clear	pass	pass	fail	fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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pass	pass	fail	fail										
<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%; text-align: center;"> <tr> <td>clear</td> <td></td> <td></td> <td>clear</td> </tr> <tr> <td>pass</td> <td>pass</td> <td>fail</td> <td>fail</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	clear			clear	pass	pass	fail	fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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%; text-align: center;"> <tr> <td>clear</td> <td></td> <td></td> <td>clear</td> </tr> <tr> <td>pass</td> <td>pass</td> <td>fail</td> <td>fail</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	clear			clear	pass	pass	fail	fail	<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												
please continue in the unshaded area overleaf in necessary	<table style="width: 100%; text-align: center;"> <tr> <td>clear</td> <td></td> <td></td> <td>clear</td> </tr> <tr> <td>pass</td> <td>pass</td> <td>fail</td> <td>fail</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	clear			clear	pass	pass	fail	fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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