

INTRODUCTION TO PACES

AIMS OF PACES

MRCP Part 2 Clinical Examination or the Practical Assessment Clinical Examination Skills (PACES) will test ability to:

- demonstrate the clinical skills of history taking
- examine a patient appropriately to detect the presence of absence of physical signs
- interpret physical signs
- make appropriate diagnoses
- develop and discuss emergency, immediate and long-term management plans
- communicate clinical information to colleagues, patients or their relatives
- appreciate the ethical issues that relate to day-to-day clinical practice

GENERAL HINTS

PREPARATION FOR THE EXAM:

- For each system (cardiology, respiratory,... etc), be sure to have your own **well-rehearsed technique of examination**, so that during the examination you do not have to think about what to do but to concentrate on the abnormal physical signs.
- Practice examining normal subjects frequently just to master your technique of examination. Be sure to have **single method of examination for each system** (do not hesitate between two methods of examination)
- Physical findings that appear in the PACES examination are so clear that it is difficult to miss it. Most of candidates have enough clinical experience to identify the abnormal clinical findings in the PACES without further practice, however, it is strongly advised to attend at least one **preparatory clinical course** for PACES (preferably one that is held in the same territory in which you plan to take the examination so that you get into contact with the medical conditions common in that place)
- Try to formulate a modifiable **scheme for presentation of each system** and practice it frequently in front of your colleagues.

AT THE EXAM:

- Always **read the instructions carefully** for clues, and recall it during the examination (sometimes the first question is related to the complaint mentioned in the instructions)
- When examining or discussing the patient (or the surrogate), do so in an **interested and kind manner**
- Keep asking the patient if he (she) has **any pain or tenderness** before you put hands on
- Do your **thinking and summarizes your findings in your head** while you are examining the patient, in order to be ready for the discussion once you finish examination.
- Do not forget to **thank the patient and cover him** after finishing your examination
- Approach the examiner in **friendly and confident but polite** manner.
- **Eye contact** should be appropriately maintained with the examiner. Do not look back to your patient during the discussion.
- A common advice is to keep your hands by your sides or behind your back. This may make you feel under pressure. It is better to keep your hands in the position that make you feel comfortable as far as it does not make you look arrogant.
- **Think for a while** before you answer
- Say **headings** whenever possible, e.g. autoimmune profile, thyroid profile...
- If your examiner challenges, do not assume it means you are wrong. However, if there is uncertainty, state it, and proceed to say how you would resolve the uncertainty (**be certain in both your certainty and uncertainty**)
- The common question “how do you manage this patient?” may be answered in the following sequence:
 - I would first review the **history**, in particular...
 - A **full examination** might provide other clues such as ...
 - **Simple investigations** may be helpful such as ...
 - **The crucial investigation** is ...
 - **Management might be divided into:**
 1. Management of the **underlying disease process**
 2. **Symptomatic** treatment
 3. **Rehabilitation** including physiotherapy and occupational therapy
 4. **Social** support
 5. Patient and family **education**