2022-23

Year 2 ISCE Booklet

Information for students

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COVID-19 and clinical assessments

As you will be aware, 'standard' clinical assessments are reliant upon our ability to bring together significant numbers of patients, students, examiners, and Professional Service staff, in order to deliver these complex assessment events. We continue to monitor the clinical situation and follow public health guidance. We made changes to the way we delivered the ISCE exams in 21/22 (which included use of PPE and adhering to Strict social distancing in venues), and it may be necessary to continue with these changes this academic year. Detailed information about the exams will be provided closer to the time.

ISCE (Integrated Structured Clinical Examination)

The ISCE is an examination which assesses your clinical competence and professional ability-testing your ability to communicate and perform a range of clinical examinations and related practical clinical skills in an integrated fashion. The Year 2 summative ISCE is aligned with phase 1 learning outcomes and based upon the common clinical systems.

In addition to being aligned to the learning outcomes, the Year 2 ISCE is designed to be mapped to the GMC Medical Licensing Assessment content map (https://www.gmc-uk.org/-/media/documents/mla-content-map-_pdf-85707770.pdf) and Outcomes for Graduates 2018 (GMC: https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf).

The summative ISCE is undertaken to ensure that you have acquired the necessary clinical skills to progress to Phase 2 of the undergraduate C21 curriculum.

The examination **must** be passed in order to progress to Phase 2. Students failing to meet the required standard during their summative assessment will be offered remediation and will have the opportunity to re-sit the exam at the next exam period. The re-sit examination will be equivalent in format and difficulty to the original practical examination failed.

This booklet outlines the format of the Year 2 ISCE, including detail regarding the domains of competence against which you will be assessed. This booklet should be read in conjunction with the Combined Assessment & Progression Guide 2022/23.

ISCE Format

During your second year, all students will undertake:

- one formative ISCE April 2023
- one summative ISCE (ME2102 / ME2302) June 2023

You will also have access to the 'virtual ISCE' on Learning Central.

The Year 2 summative ISCE will comprise of **6 stations.**

Each ISCE station involves:

- Clinical communication or examination (real or simulated patients)
- A clinical procedure or related task
- Interpretation of simple clinical data for example but not exclusively- X-rays, ECGs, and simple biochemistry
- Questions relating to diagnostic synthesis
- Formative questions relating to clinical care and basic management planning and patient safety.

In order to give you the opportunity to practise a range of ISCE stations in a more formal setting than in the clinical environment, you are offered the opportunity to explore an ISCE 'virtually' from the start of the academic year, before undertaking a formative ISCE in the Spring.

The formative ISCE, and other formative clinical assessments you will have later in the course, for example Supervised learning encounters (SLEs) in Phase 2 and 3, are a learning experience- a great opportunity for you to learn more about what is expected of you in the clinical assessments, to test your existing knowledge and focus your future learning to achieve your best potential in future clinical assessments. **You are expected to engage with formative assessments**. If you do not engage with formative assessments, you may be asked to meet with your relevant Year Director, or their delegate, who will review your professionalism and engagement across the course.

Preparing for ISCEs

The Formative ISCE is just one opportunity for formative feedback on your clinical skills. Despite the COVID-19 pandemic there are still ample opportunities for you to practise history taking and clinical examination. These skills will continue to be taught during your community placements in face-to-face teaching sessions, utilising appropriate personal protective equipment (PPE).

To prepare for these sessions you should thoroughly read the relevant chapters in standard textbooks such as 'Macleod's Clinical Examination' and watch online videos.

The key to gaining competence at clinical examination is practise. Take every opportunity to rehearse these skills by practising clinical examination on each other. Be mindful of dignity and avoid intimate examination. Treat these rehearsals as mini ISCE's, critique your colleagues using

standard reference texts. (Ensure that practising these skills falls within COVID regulations at the relevant time, for example you might practise these skills on your housemates as this will lessen any risk of COVID transmission). Familiarity with physical normality will help you identify pathological clinical signs.

During your hub placements you may be given the opportunity to examine hospital inpatients. These are valuable learning events but make sure you are wearing appropriate PPE.

Reasonable Adjustments

Students who have a range of disabilities including physical or sensory impairments, specific learning difficulties, long term medical conditions, mental health conditions and autistic spectrum conditions may benefit and be entitled to reasonable adjustments.
If you believe you require additional measures put into place or if you are unsure if you are eligible, it is your responsibility to raise this well in advance of any assessment.

If this is the case, get in touch with the **Student Disability Service (SDS)** to have your support needs and reasonable adjustments put in place as soon as they can.

It takes time for any recommendations to be sent to assessments and unless these are received 4 weeks ahead of exams the adjustments will not be put in place. So, contact SDS as soon as possible do not assume if adjustments were put in place in previous exams this will apply for any practical exams like ISCEs.

Contact details
https://intranet.cardiff.ac.uk/staff/people-and-teams/view/58180-disability-and-dyslexia-service

studentconnect@cardiff.ac.uk +44 (0)29 2251 8888

Virtual ISCE

The assessment team in collaboration with the learning technology department, clinical skills, communication skills centre and academic staff are excited to offer you a virtual ISCE experience. This is an online resource developed to give you the opportunity to find out more about the kinds of task you will be expected to undertake during the summative ISCE whilst learning remotely.

There are 3 separate rotations:

- https://bit.ly/virtual-isces-y2
- https://bit.ly/virtual-isces-y4
- **New Content: https://learningcentral.cf.ac.uk/bbcswebdav/pid-5537476-dt-content-rid-18235575_4/xid-18235575_4**

Feel free to navigate your way around both links and all the stations, but remember that for this year, you should focus upon the Year 2 stations and not worry about the Year 4 ISCE at this stage. Please also note that the format of the Year 4 ISCE may change slightly by the time you reach Year 4.

Each station is based on an actual ISCE, and you will be guided through the various activities that are expected in accordance with year level. This resource has the ability to save your responses for your own performance monitoring and learning needs.

If you wanted to experience taking part in a complete ISCE rotation as per ISCE exam we advise the following:

1. Click on the link and you will be taken to a virtual rotation highlighting the layout with all the pods.

2. On the left-hand side is a list of available stations. Each station has 2 views: “Out” & “In”. The “Out” provides a view outside the pod, and if you click on the icon, you will be provided with the station instructions. As a reminder, you are allocated 4 minutes (summative ISCE) in the exam to read through the instructions before entering a station which lasts 15 minutes.

3. Once you have read the instructions you need to click the “In” version of the station to start the station. Once in the station follow the instructions and activities until you complete the station.

4. Note you can use the arrows at the bottom of each page to go backwards but not forward.

5. To access the next station, you will need to click on the list of stations in the left-hand column.

Note some of the stations contain videos where available and some resources.

Your feedback and queries are important to the assessment team as we value the benefit of providing meaningful learning opportunities and experiences.

Formative ISCE

During your formative ISCE you will be allocated a specific time and pairing prior to the exam and will be notified in advance when & where to report. You will rotate in pairs around 4 x 15-minute ISCE stations, with 5 minutes between each station (please note the summative ISCE will comprise 6 x 15-minute stations).

During your formative ISCE you will be allocated a specific time and pairing prior to the exam and will be notified in advance when & where to report. You will rotate in pairs around four 15-minute ISCE stations **with a 4-5 minute gap (pending Covid regulations at the time) between each station**. You will each undertake 2 of the stations in full, under exam conditions, working individually and each of you will observe your peer undertaking the other half of the stations. After completing each of the stations, you will then be provided immediate verbal feedback from your examiner and written feedback via MyProgress. Observing students are required to complete a formative feedback mark sheet for their colleague on MyProgress- this provides another dimension to the feedback that you will receive in the formative ISCE and also has the added advantage of giving you good insight into the expectations of examiners in the summative ISCE.

There is no 'global rating' on formative feedback mark sheets, and no numerical score, however we hope your feedback will support you in your preparations ahead of your summative ISCE.

Students will log into their account using the app via the iPads provided. You will then select 'Assessments' on the left-hand menu and open the marksheet by clicking the 'respond now' box. Once this is done, you will hand the iPad to the examiner who will then enter the station number. Once the examiner has finished marking, they will select 'finish' and return the iPad to you. You should ensure the marksheet has been submitted before entering the next station. Your completed marksheets will be available to you on MyProgress under 'completed assessments' as soon as you 'synchronise' your account on the day of the formative ISCE. **It is extremely important that student's re-sync their iPads at the end of each station to ensure the marksheets are uploaded** into the 'completed assessments' folder. If the iPads are not synced, the marksheets will remain on the iPad and will not be available to you once you leave the exam venue.

Students MUST NOT remove any other paperwork from the sessions (scenarios, clinical resources, etc.) Examiner mark sheets will also be submitted via MyProgress, so you will receive your feedback as soon as the exam finishes.

Giving feedback to your peers:

DO	DON'T
Say what they did well	Be so negative they feel they cannot improve
Say what could be done better and how (be specific)	Overstate the quality of the performance (or lack of it) the feedback should be candid
Say HOW to improve (e.g., practise with patients, clinical skills lab, e-learning, etc.)	

Please note the formative ISCE is not standard set and therefore you will not be told whether you have 'passed' or 'failed'- instead the feedback you will receive will be aimed at supporting your preparations for the summative. The feedback from the examiner will include verbal feedback as well as written feedback during the formative ISCE.

Summative ISCE

In the summative year 4 ISCE, you are required to undertake **six 15-minute ISCE stations with a 3-4 minute gap (pending Covid regulations at the time) between each station**. Each station is standardized ensuring a fair examination during which each student sees the same group of cases and is asked to perform the same clinical tasks with the same set of questions as all the other students taking the examination on your particular day, so that everyone's examination experience is equivalent.

Instructions will be on display outside & inside each station but may be repeated / clarified by the examiners as necessary.

Different stations will be used for each day of examinations, in order to ensure fairness to all of you as you will be sitting the stations across different days in varying sequence.

Timings

An alarm will sound at:
0 minutes
4 minutes
7 minutes
11 minutes
15 minutes

If you finish early, you MUST stay in the room until the end of station alert sounds. You are permitted to provide additional information in relation to any data interpretation and the formative question, but you are not allowed to repeat any history taking, examination or technical skill. If you haven't finished by the end of the time allowed for the station, you MUST move on to the next station in order that you get the appropriate preparation time for the next station.

During 2022/23, we will be keeping a close eye on the latest recommendations for the use of PPE in a clinical setting and this will be reflected in the time awarded between stations. You will be advised of this ahead of the ISCE and this time is used for you to move between stations, prepare according to Public Health Wales guidance and read the station briefing. The examiners use this time to complete mark sheets and write formative domain linked feedback for you, to support your further learning.

When and Where

The Year 2 summative ISCE will be conducted across two days. There will be a number of parallel equivalent circuits, in order to accommodate everyone. You will be invited to attend

for one ISCE session, which will either be on one morning or one afternoon and will complete all 6 stations of your ISCE in one 'go'.

Please refer to the Assessment Calendar on Learning Central for specific dates of the exam. The examinations may occur across multiple sites simultaneously. You will be informed of your allocation to a specific venue, date, and time approximately 2 weeks before the examination. At each venue, a number of parallel circuits will run in order to accommodate everyone across the exam period.

Attendance, extenuating circumstances & incidents

Attendance is compulsory. You must display your University ID.

Should you be acutely unwell or are unable to attend for another reason and you wish to take the summative ISCE at the next opportunity: you must submit a declaration of extenuating circumstances no later than 24 hours from the commencement of the examination. You also need to notify the Year coordinator ASAP (who will inform the Academic Year Lead).

You can find further information regarding Extenuating Circumstances including deadlines and dates for submission, on Learning Central and the student intranet.

In the event you want to submit an incident / concern / extenuating circumstances form in relation to an event that took place on the day of the exam please email: ugmedicassessmentstudentqueries@cardiff.ac.uk.

You have 7 calendar days from the date of the exam to email. It is important that you adhere to this time frame in order for your request to be discussed and considered in time for any board decision to be made.

Anything received after 7 calendar days from the day of the sitting will not be considered.

Late arrivals at ISCEs

For Clinical examinations you will be provided with an arrival as well as a start time and venue location for the exam. It is important that you arrive on time for these exams. If you arrive after the exam has started, you will not be permitted into the exam venue. You will then be required to sit the exam at the next available opportunity which will normally be the resit period.

If you are going to be late to an examination, you must email UGMedicassessmentstudentqueries@cardiff.ac.uk and the Year Co-ordinator to let us know.

Patients

Real patients

Some stations involve real patients. Some will have physical signs that you are expected to identify and recognise, and other patients may not have abnormal physical signs.

Please also remember that patients of all ages may tire easily or may need to go to the toilet etc., and therefore you should be aware that it may be necessary for the time between stations to be extended or for you to be placed on a rest station during your circuit, should a patient become unwell during the examination and require substitution.

Simulated (actor) patients

Actors enable us to assess clinical competencies that would be difficult to provide in a standardized manner to all students with real patients. All are experienced role players, and some will be familiar faces from the communication skills workshops. The actors have detailed scripts for their roles and attend training sessions before the exams to go through these roles to ensure they are able to play them consistently and undergo Equality and, Diversity and Inclusivity training. There will inevitably be minor variations, and these are taken into account by examiners when marking.

Feedback from simulated patients themselves does not currently contribute towards the summative mark for your performance in ISCEs, but their feedback does contribute towards the formative feedback you will receive after the exam and gives you a useful insight into how you are perceived by patients in terms of your interaction with them.

Student Volunteers

It may not be possible to use real patients and student volunteers / foundation year doctors will be recruited to help with the examination stations.

All student volunteers and Year 2 students are asked to complete a friends & family declaration form ahead of the ISCE to accommodate any potential conflict of interest.

We usually invite Year 4 medical students & Intercalating students to volunteer for Year 2 ISCES. The student volunteers are informed to expect a physical examination and be willing to have a cardiovascular / respiratory / peripheral vascular / gastrointestinal / musculoskeletal or neurological examination. They are only informed 1hr before the session of the exact examination and reminded that strict confidentiality is expected.

Examiners

Examiners are experienced teachers who are aware of the expected level of performance and knowledge of the students assessed. In addition, examiners are required to undertake regular Cardiff University School of Medicine undergraduate examiner training which includes Equality, Diversity, and Inclusivity training.

Examiner conduct is monitored by the University through a combination of peer review, psychometric performance monitoring and by **External Examiners**, present during clinical assessments. We aim to ensure that the process is fair, and that the standard expected from you are equivalent to students at the same level at other medical schools. Examiners receive a briefing leading up to the clinical assessment, and on each day attend station calibration discussions to ensure consistent application of marking schedule and student experience.

Each examiner marks objectively, stays within the station and marks the same station all the way through the circuit. External examiners may also be present during the examination, ensuring fair process. Examiners in training may also be present observing the stations.

If you have concerns about any aspect of behaviour within an ISCE that may have affected your performance, you care encouraged to raise that with the Academic Lead on the day of the ISCE. This could include but is not limited to perceptions of unfairness or bias.

General concerns that have not affected your performance can be discussed with Year Directors or Deputy Directors, a member of the Centre for Medical Education Equality, Diversity and Inclusion Team or another member of staff.

Student conduct- for 'face to face' ISCEs (formative & summative)

Student conduct- please also refer to the Student Intranet (Academic Regulations).

You are expected to conduct yourself in a professional manner throughout all examinations, both formative and summative. You should wear either clean scrubs, according to Public Health Wales and Centre for Medical Education guidance or clean, smart clothes appropriate to a clinical environment- making sure that your name and your number are clearly displayed for the examiner and that you are bare below the elbow, hair is tied back etc.

Ensure that you are familiar with and adhere to the All Wales NHS Dress Code- https://gov.wales/nhs-dress-code

You must adhere to principle 2 in addition to all principles.

You must follow all instructions given by the assessment team and invigilators. **You are expected to bring your stethoscope and a watch (EXCLUDING smart watches** e.g., Apple Watches, Samsung Gear etc**).** All other possessions should be placed for secure handling as per instructions at the exam venue. Should calculators be required for any station, they will be provided and therefore you are not permitted to bring your own calculators to the exam.

Following arrival at the exam venue (including the briefing and holding rooms and all other waiting areas), you should not attempt to communicate with other student by any means, either directly or indirectly e.g., via mobile phones or other communication devices.

According to University Regulations, any communication with other students including via smartphone/computer/tablet (e-mail, sms, WhatsApp, Skype etc.) whilst in the exam venue, or the briefing/post-exam holding areas, could be interpreted as cheating, and will be treated as a breach of exam security. Furthermore, you should not communicate with any other student by any means after they have taken the exam and whilst others are still waiting to take the exam as it will be treated as a breach of exam security.

DO NOT bring valuables into your exam as the University cannot be liable for any loss incurred. It is recommended that mobile phones and all other electronic devices be left at home, however if you do choose to bring them with you, they must be switched off when you arrive and placed according to invigilator instructions in secure storage until you are permitted to leave. Any attempt to send or receive information relating to the exam will be considered a breach of university regulations and treated accordingly.

Cardiff University's Academic Integrity Policy
It is important to be familiar with this policy as it outlines the core values of what Cardiff University expects from their students to abide by in their academic work. Within the definition of academic misconduct, we wanted to draw your attention to examination misconduct.

'Examination misconduct: any action in an examination venue which is against examination rules and/or which may lead to an unfair advantage over other students. This may include bringing unauthorised materials or items into an examination, copying the responses of another student, communicating with any person other than the examination invigilator in an examination by speaking, text, telephone, gestures or on any other platform, impersonating another student, or allowing yourself to be impersonated.'

The unauthorised materials include any books of faith and advise that any such requests need to be applied for **at least 4 weeks in advance of any assessment to Student Disability Service** who will in turn inform the Assessment team. In the event a student does not follow process this will be viewed as a case of unfair practice.

Personal Protective Equipment (PPE)
PPE requirements during the ISCE may be changed according to advice issued by Welsh Government and Public Health Wales. At the time of this booklet being completed, we expect students to adopt the following approach:

1. Screen yourself for symptoms suggestive of COVID-19. These are an increase in temperature, a new cough and a loss of smell or taste. If you have these symptoms, you should self-isolate and get a test.

2. Perform hand hygiene by hand washing or using alcohol gel prior to each ISCE station.

3. Wear appropriate PPE (as determined by up-to-date clinical guidance) before performing any clinical examination.

4. You may be required to complete a registration questionnaire at the start of the ISCE.

We will inform you should this advice change.

The student briefing for each station will be displayed for you to read for the 4-5 minutes (formative ISCE) or 3-4 minutes (summative ISCE) in between each station. This will direct you as to what task you are expected to do at the beginning of the station, for example take a focused history or examine a particular system or part of the patient.

Unless specifically instructed otherwise in the student briefing on display before you enter the station, you should speak to the examiner as you enter the room. The examiner will check your ID and then give you instructions for the rest of the station. In general, if the examiner asks you questions then you should direct your response towards them. If the patient or simulated patient asks you a question, then direct your reply towards the patient. The examiner will direct you if necessary.

You will not be allowed to take notes during the ISCE stations. Pens and Paper will be provided should the task assessed require you to document results.

You are being assessed on your clinical and communication skills and taking notes during stations may detract from your communication directly with the patient.

Corralling / Quarantining students

You may be held on the day of the exam for a couple of hours after an exam has finished and others will be held for a period of time before their exam starts. This is necessary to ensure that students on different rotations / timings on any one day do not communicate with one another, which could provide an unfair advantage to some students.

During this time, the use of electronic devices will not be permitted, and you will need to let the invigilator know if you wish to go to the toilet. You will, however, be able to talk to other students in the room. If you are being held after the exam or are reporting early for afternoon sessions, please bring food and drink with you and any books/paper revision notes you wish to use.

Domains of competence

Skills will be assessed within five equally weighted domains of competence (P1-P5) at the level of students at the end of Phase 1 of the course. The domains of competence reflect the outcomes of Outcomes for Graduates and each domain is linked to a specific skill. Domain based marking gives credit to students who demonstrate global competence and fluency:

- P1: Clinical examination / clinical communication- process
- P2 : Clinical examination / clinical communication- content
- P3: Technical Performance- of practical procedures
- P4: Data interpretation and Clinical Reasoning-including clinical diagnostics, predominantly interpreting simple clinical data related to the case
- FCCPS: **FORMATIVE** Clinical care and Patient Safety - basic management planning
- P5: Professionalism

P1 and P2: Clinical examination / clinical communication- process and content

Clinical communication:
You will be expected to talk to and examine patients presenting with any symptoms relating to all phase 1 learning outcomes. Students are not given an exclusive list of presenting symptoms or topics for explanations that you may be confronted with in the ISCE including content from any of your Phase 1 cases. You should apply the generic clinical communication skills that you have learnt in communication skills workshops and that you will have practised whilst on clinical placements during phase 1.

You may be asked to take a comprehensive history of a patient's reasons for seeking medical help including their particular concerns and worries and the impact of the health problem on their life. You may also be asked to briefly give an explanation to a patient, for example about what tests they require, or respond to patient's questions about clinical findings.

These consultations could be with real patients or actors and the setting could be in primary or secondary care and you should introduce yourself by your full name and as a 2nd year medical student (or Year 1 student if following C21 north programme). You will not be expected to undertake a detailed psychiatric assessment including a risk assessment but would be expected to be able to assess cognitive impairment for example using Mini-ACE (Mini Addenbrooke's Cognitive Examination) or make an assessment of mental state.

Clinical examinations:
You are expected to introduce yourself to the patient, explain to the patient what you are doing and give clear, concise instructions as to what you need them to do, for example moving them into a certain position.

The examiner will move you on as necessary according to their standardised instructions. You must use hand gel and cleanse your hands appropriately before and after examining each patient.

You should examine patients in the ISCE in the same way as you have been taught and practising during your clinical teaching. You are expected to expose the patient, having obtained verbal

consent from them, adequately for the relevant clinical examination. It is good practice to offer a chaperone. Further guidance may be found on the GMC website.

Whilst examining the patient you do not need to talk through your examination; however, examiners may ask for clarification as to what you are looking for in order to award marks appropriately, e.g., Muscle wasting or fasciculation. The examiner will give you specific instructions depending on the station as to what information you are required to share, and they will directly ask you questions that you should answer. Marks will be awarded appropriately for the skills demonstrated, regardless of whether or not you choose to talk your way through the examination with the examiner. When examining a patient, marks are awarded for both the clinical examination process, i.e., how you examine the patient and the fluency of the examination, and upon the clinical examination content- i.e., the physical signs that you elicit, and the abnormalities detected if present.

Please remember that many real patients will have physical signs that you are expected to identify and recognise; however, other patients may not have abnormal physical signs. You are expected to recognise 'normality' as well as pathology. You should follow the instructions given to you by the Examiner, for example where diagnostic and clinical reasoning and clinical care questions relate to a follow up clinical encounter for the patient you have examined, they would include any additional relevant information at that point e.g., clinical details to enable you to answer questions appropriately.

You should be using every opportunity to practise presenting your findings fluently, having spoken to and assessed patients. The purpose of the presentation is so that you can state the pertinent positive and negative elements of the history and examination which helped you make a diagnosis.

You are expected to be competent at the clinical examinations of the main body systems, i.e.:

- Cardiovascular System
- Peripheral Vascular System
- Respiratory System
- Gastrointestinal System- 'abdomen examination' (excluding examination of the genitalia). You are however expected to report that you would do appropriate additional examinations, for example state you would examine the hernia orifices, external genitalia and perform a digital rectal examination following a gastrointestinal system examination.
- Musculoskeletal System –knees, spine, GALS, and hands (You are NOT expected to perform a hip examination in the Year 2 ISCE; however, you may be required to take a focused history from a patient presenting with symptoms affecting other joints)
- Nervous system – upper limb neurology / lower limb neurology / cranial nerves including vision and hearing (you are expected to be familiar with how to use an auroscope and an ophthalmoscope), cognitive function (for example using the Mini-ACE (Mini Addenbrooke's Cognitive Examination- instructions sheet will be provided), Glasgow Coma Scale assessment
- You will NOT be expected to learn the particular skills for examining children
- You will not be expected to examine neck lumps
- You will NOT be expected to perform intimate examinations during the ISCE apart from the breast examination (on either a model or Breast Teaching Associate / patients) and rectal examination on a manikin.

You should follow the clinical examinations techniques you are taught during your clinical placements. Please remember that many real patients will have physical signs that you are expected to identify and recognise; however, other patients may not have abnormal physical signs. You are expected to recognise 'normality' as well as pathology.

Once you have completed your clinical examination or communication element of each station, the examiners will give you specific instruction depending on the station as to what information you are required to share and questions you should answer- for example, by asking you to briefly summarise your findings. You should use every opportunity on clinical placement to practice fluently presenting your findings having spoken to and assessed patients. The purpose of the presentation is so that you can state the pertinent positive and negative elements of the history and examination which helped you make a diagnosis.

You should follow the instructions given to you by the Examiner, for example, where diagnostic and clinical reasoning and clinical care questions relate to a follow up clinical encounter for the patient you have examined. Alternatively, questions regarding clinical reasoning and clinical care may relate to a different hypothetical patient, for example 'the next patient you see in clinic'. You would be given at that stage any additional relevant information at that point e.g., clinical details to enable you to answer questions appropriately.

P3: Technical performance- of practical procedures

When you are asked to perform a clinical procedural skill, you are expected to briefly explain the procedure to the patient, in order to obtain their verbal consent and answer any questions they might have. You are expected to be competent at the following:

- Provide Basic Life Support and the use of AEDs (Automated External Defibrillators)
- Hand Hygiene and Personal Protective Equipment
- Infection Control, Clinical Waste Management
- Vital Signs (including manual BP measurement), Monitoring Blood Glucose and using NEWS charts
- Wound Assessment, Aseptic Technique and Dressing a Simple Wound
- Urinalysis, MSU, Pregnancy Test (including instructions to patient for sample collection)
- Nasal swabs (MRSA screen)
- Wound swab
- Intramuscular and Subcutaneous Injections
- ECG monitoring / recording / interpreting
- Respiratory function tests, Inhalers, Peak Flow
- Venepuncture and Blood Cultures
- Basic First Aid; CPR / arm sling
- Measurement of height and weight
- Otoscopy and Ophthalmoscopy

You will be given precise instructions by the examiner which you should follow. In general terms, unless instructed otherwise, you are expected to interact with the simulated patient / patient

throughout the procedural skill elements of stations. This should include, unless instructed otherwise, giving a brief structured explanation of the procedure, obtaining verbal consent, and talking to the patient throughout, as you would be expected to do when performing a procedural skill on a real patient.

In general, it is advisable that you do not move the models etc. as long as you can comfortably reach the necessary equipment etc., therefore leave them where they are as they have been positioned in the correct place for the station. It is also important that you treat any models with respect and ensure that you treat them as you would a patient. Smaller / disposable items of equipment, for example an ANTT tray, may be moved to suit you and will be repositioned to a standard place in time for the next student in order to ensure a consistent experience for all students.

On Learning Central you will find- Clinical Skills Module-Learning Resources and select the individual procedural skill in the drop-down list. Within each skill folder are a range of resources, but for procedural skills revision, the Cardiff University e-tutorials can be followed. There are 'checklists' at the end of most of the e-tutorials but we would encourage revision of the whole tutorial AND plenty of SDL practice, rather than focus just on a checklist.

P4: Data interpretation and clinical reasoning- including clinical diagnostics (Predominantly interpreting simple clinical data related to the case)

You will be expected to interpret clinical data related to the case, for example, though not exclusively X-rays, MRI or CT images and clinical photographs and images- identifying anatomical landmarks and structures, dermatomes, vital signs - for example on NEWS charts, ECGs, blood and microbiology results, lung function tests (spirometry and peak flow charts).

You will be expected to make simple interpretations using your clinical reasoning skills, for example suggest diagnostic possibilities / hypotheses based on the information you have been given and have gathered.

When interpreting results, you should use a methodical approach, for example for a microbiology result, begin by confirming you have the correct patient details, the type of specimen, and date of results. You will normally be given a list of any organisms that have been identified from the specimen, followed by a list of antibiotics. For each antibiotic you will see either 'R', which indicates the organism is resistant to the drug, or 'S', which indicates the organism is sensitive to the drug. Consideration should be given as to how the results relate the clinical presentation, and also whether there is any chance of contamination. Remember allergies to various antibiotics are common and interpretation of results and management planning should take account of a full drug history.

F-CCPS: FORMATIVE Clinical care and patient safety- basic management planning

This domain is PURELY formatively assessed throughout phase 1 in order to give you the opportunity to develop your skills in planning appropriate clinical care for patients.

You will be asked questions about the basic management of common illnesses that have been covered during Phase 1. You are expected to demonstrate the ability to manage patients safely

and appropriately, at the expected level of a year 2 or Year 1 C21 north Wales) student. Marks for this domain do not contribute towards the standard setting process for the summative ISCE.

P5: Professionalism

You will also be examined on your professionalism - your manner with the patients and your conduct throughout the examination. You are required to demonstrate respect for the patients, communicate clearly, consider patient safety, comfort, and dignity. You are also required to demonstrate safe hand hygiene and appropriate personal appearance and behaviour for a clinical environment. Examples of why you may receive a lower mark in this domain may include if communication is unclear, where behaviour is not considered appropriate for a clinical environment (abrupt or rude, inappropriate attire etc.), or where consideration for the patient's dignity is not optimum.

Standard setting

The examination is standard set by the borderline regression method. In order to pass the Year 2 ISCE, you must achieve ≥50% standard set adjusted mark overall for the examination. Candidates must demonstrate an acceptable level of performance across a range of stations. This is a standard method for examinations of clinical performance.

Cardiff University Registry does not accept a pass mark that differs from examination to examination and imposes the restriction that a mark of 50 or above will be considered a pass, and any mark below 50 considered a failure. This means that if the Standard Set pass mark for an examination is not equal to 50 then an adjustment must be performed to the marks awarded to students so that the pass/fail status of students is preserved when the adjusted marks are passed to Registry.

The adjustment mechanism uses a simple and transparent linear transformation in the form of simple ratio which stretches or shrinks the students mark when we apply the registry required mark of 50%.

Therefore, after implementing the registry required 50% mark and the standard set pass mark, the distance in scores varies at the lower and the upper end. The scores closer to pass mark or lower than pass mark have a smaller distance from the raw % score whereas the scores with higher upward spread from the pass mark have a larger adjustment. This transformation method ensures that students are not disadvantaged based on their raw scores or SS adjusted scores.

Because the raw %score is different for each station and each station has a separate standard set pass mark, the amount of change in SS adjusted score would vary depending on student's raw %score after taking account of the standard set pass mark on each station and the registry required mark. For example, where the station raw % scores is 90% but the station also has higher pass mark (67%), the difference in raw % and SS adjusted score would be large around 22%.

In case of the student whose scores changed by 5%, this student would have obtained a raw percent score somewhere between 55-60%, whereas students who got 85-90% raw %scores would have about 8% change in scores. This change is much smaller at the lower end, students who failed and had raw percent score around 43-49% would have a smaller score change of about 3-4%. In case where a student has obtained (65%) raw scores at a given station and obtained a global mark of 3(Pass) and the pass mark for that station is set at 64%, the student would pass that station with around 51% standard set adjusted score and would be just above borderline performance. A borderline performance would mean minimal competence, in the context of ISCE, a borderline student is the one who meets the standard by the smallest possible margin, but this is classified as 'pass'. Anyone scoring below the borderline performance would fail.

Students re-sitting the ISCE will again require a ≥50% standard set adjusted mark to pass, however, their mark will be capped at 50% for a re-sit (second) attempt unless they have extenuating circumstances which have been accepted.

Feedback

Please refer to the combined Assessment & Progression Guide for further information regarding your feedback and how to use it.

Remediation and Resit

Students failing to meet the required standard during their summative assessment will be expected to attend remediation and have the opportunity to re-sit the exam at the next exam period. The re-sit examination is equivalent in format and difficulty to the original practical examination failed. Remediation will be coordinated by the curriculum team, and you are expected to engage fully with all remediation teaching. Your mark for an ISCE resit will be capped at 50% unless you have an accepted extenuating circumstances submission.

If students from C21N are required to sit an ISCE during the resit period, this will take place in Cardiff. Additional information will be provided closer to the time of the exam.

If you fail the ISCE, it is particularly helpful if you share and discuss the feedback information given with your Personal Tutor / Year Director. You are encouraged to bring your feedback to any additional teaching you may be offered, in order that the tutor can discuss specific areas in which to focus support.

Safety alerts

The GMC requires the Medical School to assess clinical knowledge, skills, professional attitudes, and behaviour. If a student demonstrates poor attitude and behaviour or displays a dangerously low standard of skills or knowledge, then an examiner can complete a 'Safety Alert' to draw this to your attention so that you can receive feedback and targeted remediation if required. As such, safety alerts enable examiners to highlight students whose skills or behaviour have not reached the standard expected and to provide essential formative feedback and enable appropriate extra help to be provided as needed.

Should you receive a 'Safety Alert' during a summative ISCE, detailed feedback will be provided and you are actively encouraged to seek further learning to address any knowledge, communication or skills gap identified. You are expected to discuss any Safety Alerts, in addition to all feedback from the ISCE, with your personal tutors and Educational Supervisors on placement, thereby ensuring you are learning from the assessment and using your feedback as Feed FORWARD. We would also actively promote you discussing safety alerts with your educational supervisors on starting year 3 to enable targeted support/opportunities during the placement.

Safety alerts might include potentially life–threatening errors, inappropriate or dangerous levels of knowledge, inappropriate behaviour with a patient or simulated patient or the examiner. Common examples include (please note this list is not exhaustive):

- Rudeness / roughness or patient disregard
- Inappropriate attire or hygiene- for example failing to wash hands before examining patient
- Poor or dangerous examination technique
- Inadequate communication skills
- Poor basic mathematics, for example when calculating or administering drug doses
- Failure to identify drug allergies- remember to ask the patient, check for medical alert necklace / bracelet etc. and then once drug allergies are elicited remember to consider the information in the context of appropriately prescribing safe alternatives for your patients
- Poor clinical skills- for example poor CPR technique, inappropriate disposal of sharps or poor aseptic technique

Example ISCE stations

On the next few pages, you will find example stations, example peer-marked marksheets, plus the formative feedback template you can expect from each station. Please note, feedback from electronically marked ISCEs will have a different appearance but will include similar content. These examples are representative, and actual marksheets will vary, depending on the station content for each particular exam.

Examiner marksheets will have a similar format but will also include details of expected tasks for each domain to ensure consistency of marking. Examiner marksheets also include an additional standard setting box which is not provided during formative ISCEs.

Example clinical examination station:

Student Briefing	You are a 2nd year medical student on a clinical placement in primary care
Setting	GP surgery
Patient's Details	This patient is complaining of abdominal pain
Your Task	Please examine the patient's abdomen At 7 minutes the examiner will ask you about your findings and differential diagnoses. You will then be asked to: • perform a technical skill • look at clinical data relating to the patient • be asked some questions by the examiner

Should COVID mean the ISCE has to be delivered remotely, we will be unable to assess your clinical examination skills face to face with real patients, we will substitute 'standard' clinical examinations for virtual case-based discussion station.

In these stations the examiner will share a clinical vignette with you, which may include additional information, for example a short video to demonstrate an element of a physical examination, such as the patient's gait, or a recording of their heart or breath sounds. They will discuss with you what clinical examination you WOULD undertake and how you might interpret the findings shared with you by the examiner.

You will then be asked:

- To summarise your clinical findings from the case
- Answer questions relating to the related technical skill for the case
- Answer questions relating to standardised clinical resources (e.g., blood results etc.)

- Answer questions relating to your clinical reasoning
- To answer standardised FORMATIVE questions relating to clinical care and patient management

The domains of assessment assessed in the ‘virtual case’ stations will be the same as for ‘standard’ clinical examinations.

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Example formative peer mark sheet: Clinical examination

Name of student	
Name of assessor	

		Fail	**Borderline**	**Pass**	**Excellent**
P1	**Clinical examination-process** Did the student introduce themselves and obtain verbal consent? Did the student complete a fluent and thorough physical examination of the patient?				
P2	**Clinical examination- content** Did the student identify all the correct signs?				
P3	**Technical performance** Did the student explain and perform the procedure appropriately?				
P4	**Data interpretation & clinical reasoning** Did the student interpret the clinical data correctly?				
FCCPS	**Clinical care & patient safety FORMATIVE** Did the student answer the clinical care & patient safety questions appropriately?				
P5	**Professionalism** Did the student demonstrates respect for the patient, communicate clearly, consider patient safety, comfort, and dignity. Did the student demonstrate safe hand hygiene, personal appearance, and behaviour?				
Safety Alert ('Yellow Card') **(If YES, please complete the 'Safety Alert' box on the reverse)**				**Yes**	**No**

Example clinical communication station:

Student Briefing	You are a 2nd year medical student on a clinical placement in primary care
Setting	GP surgery
Patient's Details	This patient is complaining of chest pain
Your Task	Please take a history form the patient At 7 minutes the examiner will ask you about your findings and differential diagnoses. You will then be asked to: • perform a technical skill • look at clinical data relating to the patient • be asked some questions by the examiner

You will then be asked:

- To summarise your clinical findings from the case
- Answer questions relating to the related technical skill for the case
- Answer questions relating to standardised clinical resources (e.g., blood results etc.)
- Answer questions relating to your clinical reasoning
- To answer standardised FORMATIVE questions relating to clinical care and patient management

The domains of assessment assessed in the 'virtual case' stations will be the same as for 'standard' clinical examinations.

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Example formative peer mark sheet: Clinical communication

Name of student	
Name of assessor	

		Fail	Borderline	Pass	Excellent
P1	**Clinical communication-process** Did the student demonstrate a fluent and skilled approach to obtaining a history from the patient?				
P2	**Clinical communication - content** Did the student obtain an accurate and comprehensive history from the patient?				
P3	**Technical performance** Did the student explain and perform the procedure appropriately?				
P4	**Data interpretation & clinical reasoning** Did the student interpret the clinical data correctly?				
FCCPS	**Clinical care & patient safety FORMATIVE** Did the student answer the clinical care & patient safety questions appropriately?				
P5	**Professionalism** Did the student demonstrates respect for the patient, communicate clearly, consider patient safety, comfort, and dignity. Did the student demonstrate safe hand hygiene, personal appearance, and behaviour?				
Safety Alert ('Yellow Card') **(If YES, please complete the 'Safety Alert' box on the reverse)**				**Yes**	**No**

Example formative feedback
What was done well? Please outline what you feel the student could do to improve even further
What could be done better / tips to improve Please outline what the student needs to do to improve specific domain competencies
Safety Alert ('Yellow Card') Detailed description of action or behaviour:

tations only: Formative feedback from simulated patient: (Please note this feedback is purely formative and does not contribute towards your mark in summative assessments) (SPs: Fill in one bubble per row for the most appropriate description of how you felt the student communicated with you as a patient & the single area you feel they would most benefit from practicing)				**Key areas to practice:**
	Improvement required	**Proficient**	**Excellent**	
Providing structure:				
Relationship:				
Non-verbal communication :				
Exploring patient's perspective:				
Verbal communication:				
Overall satisfaction with doctor patient relationship:				

e-learning resources

You should be using every opportunity to practice these skills under supervision and ask for feedback as to how you are performing them and what you need to do to improve.

You should use the material developed by the clinical skills team in the Clinical Skills Centre, Cardiff, to help you revise your clinical procedures, as your primary source of learning when learning and practising these skills. There are on-line tutorials available on Learning Central Clinical Skills Module/Resources.

Self-directed Learning areas

Self-Directed learning area: Cardiff

You can practise within the Self-Directed Learning area, 3rd Floor Cochrane.
An online booking system allows you to pre-book a 50-minute slot within the SDL. To gain access to the booking system please visit: https://resourcebooker.cardiff.ac.uk and locate the 'Medic Self-Directed Learning Space' tile. An instructional video can also be found on Learning Central (Medic – Clinical Skills module / Self-Directed Learning area).

Opening Times
Monday, Tuesday, Thursday, and Friday: 09.00-16.00
Wednesday: 09.00-15.00 (Tutor in the House)
During exam periods these times and availability may be subject to change.
Any changes will be announced on Learning Central.

The Self-Directed Learning Area hosts an 'In-House' tutor so that students may ask questions about skills they are unsure about. On a Wednesday the tutor will not be there to demonstrate the skill in full, but just to help answer difficult points or to provide support.

Self-Directed learning area: Bangor

You can practise within skills area at Fron Heulog site, Bangor.

There will be "in-House" tutor session as well as access to the SDL.

Further details regarding such arrangements and availability will be provided on LC.

Further sources of information regarding clinical assessments

Please refer to the Combined Assessment and Progression Guide on Learning Central.