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# Physician Associate National Examination

# **OSCE Blueprint**

The Physician Associate National Examination (PANE) Clinical Examination has been designed for candidates who have completed the requirements of the <u>Competence and Curriculum Framework for the Physician Assistant</u>. The full list of areas that may be covered as part of the examination's blueprint can be found at the end of this document.

The PANE Clinical Examination is a 16 station OSCE, structured as follows:

- > 14 'live' stations, where candidates will undertake a variety of clinical scenarios
- > Two further stations designated as rest stations
- > Stations are eight minutes in duration, with a time warning given after seven minutes
- > There are two minutes between each stage for candidates to read the instructions outside the station
- > Candidates are assessed by examiners via a checklist marksheet, with a total of 35 marks available in each station
- > The maximum score achievable in the OSCE is 490 marks.

The pass mark for each OSCE is calculated using the 'borderline regression' methodology:

- > Each of the 14 stations' individual pass marks are added together to generate a total score for the OSCE. One 'standard error of measurement' (or 'SEM') is then added to this total score, which will provide the final pass mark for each OSCE
- > Candidates must also achieve the pass mark in 9 of the 14 individual stations
- > To pass the OSCE candidates must meet or exceed the total score plus SEM and pass a minimum of 9 stations.

Each OSCE aims to test candidates across four broad skill areas:

- > communication
- > examination
- > procedure
- > emergency management.

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Each station in an OSCE will predominantly look to assess candidates on one of the four skill areas above, however skills are not tested in isolation, and stations may also feature elements from other skill areas. For example, an examination skills station may also seek to assess elements of a candidate's communicate skills.

The breakdown of each skill area used in an OSCE is as follows:

- > 40% communication skills (5-6 stations)
- > 30% examination skills (4-5 stations)
- > 20% procedural skills and (2-3 stations)
- > 10% emergency management (1-2 stations).

Please note that the above is a guide, and the actual number of stations relating to each skill area may vary in each OSCEs.

# **Blueprint List**

#### **Communication skills**

Breaking bad news

Dealing with conflict and/or complaints

Information giving

Motivational interviewing (eg smoking cessation)

Shared decision making

> explaining and planning incorporating patient perspective

Taking a focussed diagnostic history

Telephone communication (eg peer to peer handover, presenting to a supervising clinician, referral to a specialist or interdisciplinary)

Triadic consultation

> balancing a consultation with more than one informant, such as parent and child, husband and wife or patient and nurse

Written communication (eg recording examination findings, discharge summaries or ward round notes)

Examination skills
Abdominal
Breast
Cardiovascular
Cranial nerve
Developmental assessment for children
Diabetic foot
Direct ophthalmoscopy
Ears, eyes, nose and throat
> auroscope
> hearing/ tuning forks
> neck examination
Hand
Hip
Interpreting clinical signs (eg clubbing)
Knee
Lumps and bumps
> describe and diagnose
Lymphoreticular system
Mental state
Neurological and ophthalmological examination of eyes
Neurology balance examination (eg tremor / cerebellar system)
Nutrition (eg calculating BMI)
Paediatric
Peripheral nervous system (limbs)
Peripheral vascular
Pregnant abdomen
Rashes and skin disorders
Rectal/genital/hernia
Respiratory

#### Shoulder

Spine cervical

Spine lumbar

## Verification of death

> checking for signs of life not certifying a death

## Vital signs

> temperature, pulse, respiratory rate, saturation monitoring and blood pressure, including EWS/MEWS type score calculations

Procedural skills
Arterial blood gas sampling
Cannulation
Capillary blood glucose monitoring
Catheterisation (male and female)
Checking peak flow/spirometry
Handwashing
Intramuscular injection
Manual handling of patients
Nasogastric tube insertion and position checking
Obtaining ENT and skin swabs
Performing an ECG
Preparing IV drugs
Scrubbing, gloving, and gowning and use of PPE
Speculum and cervical cytology
Sterile fields and blood cultures
Subcutaneous injection
Suturing (single interrupted suture for skin)
Urinalysis and interpretation
Urine dipstick pregnancy testing
Venepuncture
Wound care and dressings

### **Emergency management**

ABCDE approach to a sick patient

Applying oxygen and nebulisers

BLS

BLS in childhood/chocking

First aid

Fluid resuscitation in shock (eg blood loss)

Initial seizure management

Intermediate life support

- > airway management
- > simple arrythmia recognition and management

Managing electrolyte disturbance (eg hyperkalaemia or hypoglycaemia)

Recognition and reversal of poisoning (eg opiates)

Sepsis management

SIMMAN scenarios