

STANDARDS FOR ASSESSMENT: HISTORY TAKING AND MANAGEMENT PLANNING

Conduct of Interview	A candidate will demonstrate:
	an understanding of the roles and responsibilities of paediatricians
	effective responses to challenge, complexity and stress in paediatrics
	effective skills in three-way consultation and examination
	an understanding of effective communication and interpersonal skills with children of all ages
	empathy and sensitivity and skills in engaging the trust of and consent from children and their families
	an understanding of equality and diversity in paediatric practice
	ethical personal and professional practice
History Taking	
	effective skills in paediatric assessment
	understanding of listening skills and basic skills in giving information and advice to young people and their families
Interpretation and Management Planning	
	skills in formulating an appropriate differential diagnosis in paediatrics
	effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate (<i>as outlined in the Framework of Competences for Level 1 in Paediatrics</i>)
	knowledge, understanding and recognition of common behavioural, emotional and psychosocial aspects of illness in children and families
	knowledge of the science- base for paediatrics (<i>as outlined in the Framework of Competences for Level 1 in Paediatrics</i>)
	knowledge of common and serious paediatric conditions and their management
	an understanding of growth, development, health and well-being in paediatrics

Please turn over for more detailed advice on how to interpret if a candidate has reached these standards

The final mark for each station is based upon the expert assessment of each candidate's performance, clinical ability and knowledge. These Anchor statements provide a list of the components which contribute to judging a candidates performance. The importance or relevance of the individual component will vary from station to station.

ANCHOR STATEMENTS: HISTORY TAKING & MANAGEMENT PLANNING

Expected standard:	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
Conduct of interview	<p>Full greeting and introduction. Clarifies role and agrees aims and objectives.</p> <p>Good eye contact and body language.</p> <p>Perceived to be actively listening (nod etc) with verbal and non-verbal cues.</p> <p>Patient and examiner can hear and understand fully. Appropriate level of confidence.</p> <p>Empathetic nature. Putting parent/child at ease.</p>	<p>Adequately performed but not fully fluent in conducting interview</p>	<p>Incomplete greeting and introduction.</p> <p>Inadequate identification of role, aims and objectives.</p> <p>Poor eye contact and body language. Not perceived to be actively listening (nod etc) with verbal and non-verbal cues.</p> <p>Does not show appropriate level of confidence, empathetic nature or putting parent/child at ease.</p> <p>Failure to engage appropriately with child.</p>	<p>Significant components omitted or not achieved.</p> <p>Unsatisfactory in several components.</p>	<p>Dismissive of parent/child concerns.</p> <p>Lack of civility or politeness.</p> <p>Rudeness or arrogance.</p> <p>Inappropriate manner including flippancy.</p>
History Taking	<p>Asks clear questions. Mixture of open and closed style. Avoids jargon.</p> <p>Allows both parent & child sufficient time to speak.</p> <p>Full and adequate exploration of main problems. Focussed and selective history taking of past medical, perinatal etc. Appropriate social, family and psychological histories.</p> <p>Explores ideas, concerns, expectations and feelings. Verifies and summarises parent/child history.</p> <p>Signposts to guide interview.</p>	<p>Questions reasonable and cover all essential issues.</p> <p>May omit occasional relevant but less important points.</p> <p>Appropriate style of questioning.</p> <p>Responsive to parent/child.</p> <p>Overall approach structured & summarises history.</p>	<p>Misses relevant information which if known would make a difference to the management of the problem.</p> <p>Excessive use of closed instead of open questions.</p> <p>Poor focus of history.</p> <p>Uses medical jargon to detriment of communication.</p> <p>Misses verbal or non-verbal cues.</p> <p>Summary inaccurate / incomplete.</p>	<p>Asks closed questions instead of open questions. Questions poorly comprehended by parent/child.</p> <p>Inappropriate use of medical jargon. Inappropriately interrupts parent/child. Hasty approach.</p> <p>Does not seek ideas, views, concerns or expectations of parent or child.</p> <p>Poorly structured interview.</p>	<p>Behavioural: Shows no regard for parent or child's feelings.</p> <p>Oppressive or aggressive in asking questions.</p> <p>Medical Knowledge / Competence: Confused or unstructured interview.</p> <p>Serious deficiencies in components listed under "fail".</p> <p>No verification or summary.</p>
Interpretation And Management Planning	<p>Invites further questions. Summarises.</p> <p>Shows good understanding of the issues raised in the history. Differential diagnosis and priorities in management. Gives accurate information.</p> <p>Management which is safe, ethical and effective and relates to previous concerns.</p> <p>Appropriate further contact information and referral to other agencies</p>	<p>Summarises most of the important points and suggests best management strategy.</p> <p>Provides some information about other services and future plan.</p> <p>Deals with uncertainty in diagnosis or management</p>	<p>Incomplete summary of problems and inadequately planned management.</p> <p>Does not relate management to child/parents needs or concerns.</p>	<p>Unsatisfactory in several components.</p> <p>Poor summary. Poor discussion of management options.</p> <p>Poor understanding of parent's or child's views about management.</p> <p>Poor use of referral to other agencies.</p>	<p>Behavioural: Lack of regard for safe, ethical and effective treatments.</p> <p>Unsafe practice or wrong management with unjustified confidence.</p> <p>Medical Knowledge / Competence: Serious deficiencies in components listed under "fail".</p>

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