

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics  
and Child Health  
MRCPCH Clinical Examination**

**Clinical Examination  
Station –  
Musculoskeletal / Other**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**CANDIDATE NAME**

Please enter candidate number in the grid to the left and print name below

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EXAMINER NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**EXAMINER NAME**

Please enter examiner number in the grid to the right and print name below

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Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

**FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 9**

**Case Reference**

**Special Circumstances**

**Conduct of Examination** Please mark here →

Rapport, putting child at ease  
Appropriate confidence and pace  
Communication with the child

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Clinical Examination** Please mark here →

Structured, fluid technique  
Identification, interpretation of clinical signs  
Appropriate confidence in clinical findings  
Demonstration of signs when asked

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Discussion with Examiner** Please mark here →

Differential diagnosis, investigation selection  
Management planning  
Implications for child and family

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs /  Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here: