

DO NOT WRITE IN THIS SHADDED AREA

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

**Clinical Examination
Station – Neuro**

Date:	Time:	Age of child:
-------	-------	---------------

Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER	CANDIDATE NAME	EXAMINER NUMBER
<input type="text"/> <input type="text"/> <input type="text"/>	<p>Please enter candidate number in the grid to the left and print name below</p> <hr/> <p style="text-align: center;">EXAMINER NAME</p> <p>Please enter examiner number in the grid to the right and print name below</p>	<input type="text"/> <input type="text"/> <input type="text"/>
0 0 0		0 0 0
1 1 1		1 1 1
2 2 2		2 2 2
3 3 3		3 3 3
4 4 4		4 4 4
5 5 5		5 5 5
6 6 6		6 6 6
7 7 7		7 7 7
8 8 8		8 8 8
9 9 9	9 9 9	

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 10

<u>Case Reference</u>	<u>Special Circumstances</u>
-----------------------	------------------------------

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: