

1

MRCPCH Clinical Examination - Station 1
CLINICAL 1



Date:	Time:	Age of child:
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CANDIDATE NUMBER

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3	3	3
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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

EXAMINER NAME

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

EXAMINER NUMBER

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

Case Description:	Co-operation of Child
Cardiovascular <input type="checkbox"/>	Compliant <input type="checkbox"/>
Neurology/Neurodisability <input type="checkbox"/>	Hesitant <input type="checkbox"/>
Musculoskeletal <input type="checkbox"/>	Unwilling <input type="checkbox"/>
Respiratory <input type="checkbox"/>	
Abdominal <input type="checkbox"/>	
Gastroenterology <input type="checkbox"/>	
Ophthalmology <input type="checkbox"/>	
Dermatology <input type="checkbox"/>	
Hepatology/Haematology, growth and nutrition <input type="checkbox"/>	
Nephrology <input type="checkbox"/>	

Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
B Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Identification of Clinical Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
B Physical Examination	1	Well-structured, systematic exam technique.	Exam technique lacking some structure. <input type="checkbox"/>	Very slow, uncertain, unstructured, unsystematic exam technique. <input type="checkbox"/>
	2	Appropriate care taken to adapt to needs of patient. Permission to examine sought.	Limited adaptation to meet needs of patient. <input type="checkbox"/>	Poor adaptation to patient needs. Lack of care. No attempt to seek permission. <input type="checkbox"/>
	3	Appropriate use of equipment/development toys.	Unfocused use of equipment. <input type="checkbox"/>	Incorrect or no use of equipment/development toys. <input type="checkbox"/>
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

2

MRCPCH Clinical Examination - Station 2
CLINICAL 2



Date:	Time:	Age of child:
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CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NAME

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

EXAMINER NUMBER

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

Case Description:	Co-operation of Child	
Cardiovascular	<input type="checkbox"/>	Compliant <input type="checkbox"/>
Neurology/Neurodisability	<input type="checkbox"/>	Hesitant <input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	Unwilling <input type="checkbox"/>
Respiratory	<input type="checkbox"/>	
Abdominal	<input type="checkbox"/>	
Gastroenterology	<input type="checkbox"/>	
Ophthalmology	<input type="checkbox"/>	
Dermatology	<input type="checkbox"/>	
Hepatology/Haematology, growth and nutrition	<input type="checkbox"/>	
Nephrology	<input type="checkbox"/>	

Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
B Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Identification of Clinical Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
B Physical Examination	1	Well-structured, systematic exam technique.	Exam technique lacking some structure. <input type="checkbox"/>	Very slow, uncertain, unstructured, unsystematic exam technique. <input type="checkbox"/>
	2	Appropriate care taken to adapt to needs of patient. Permission to examine sought.	Limited adaptation to meet needs of patient. <input type="checkbox"/>	Poor adaptation to patient needs. Lack of care. No attempt to seek permission. <input type="checkbox"/>
	3	Appropriate use of equipment/development toys.	Unfocused use of equipment. <input type="checkbox"/>	Incorrect or no use of equipment/development toys. <input type="checkbox"/>
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>

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3

MRCPCH Clinical Examination - Station 3 CLINICAL 3



Date:	Time:	Age of child:
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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

EXAMINER NAME

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

EXAMINER NUMBER

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

Case Description:	Co-operation of Child
Cardiovascular <input type="checkbox"/>	Compliant <input type="checkbox"/>
Neurology/Neurodisability <input type="checkbox"/>	Hesitant <input type="checkbox"/>
Musculoskeletal <input type="checkbox"/>	Unwilling <input type="checkbox"/>
Respiratory <input type="checkbox"/>	
Abdominal <input type="checkbox"/>	
Gastroenterology <input type="checkbox"/>	
Ophthalmology <input type="checkbox"/>	
Dermatology <input type="checkbox"/>	
Hepatology/Haematology, growth and nutrition <input type="checkbox"/>	
Nephrology <input type="checkbox"/>	

Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
B Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Identification of Clinical Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

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DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
B Physical Examination	1	Well-structured, systematic exam technique.	Exam technique lacking some structure. <input type="checkbox"/>	Very slow, uncertain, unstructured, unsystematic exam technique. <input type="checkbox"/>
	2	Appropriate care taken to adapt to needs of patient. Permission to examine sought.	Limited adaptation to meet needs of patient. <input type="checkbox"/>	Poor adaptation to patient needs. Lack of care. No attempt to seek permission. <input type="checkbox"/>
	3	Appropriate use of equipment/development toys.	Unfocused use of equipment. <input type="checkbox"/>	Incorrect or no use of equipment/development toys. <input type="checkbox"/>
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

4

MRCPCH Clinical Examination - Station 4 CLINICAL 4



Date:	Time:	Age of child:
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CANDIDATE NUMBER		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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CANDIDATE NAME
<p>Please enter candidate number in the grid to the left and print name below</p> <hr/> <p>EXAMINER NAME</p> <p>Please enter examiner number in the grid to the right and print name below</p>

EXAMINER NUMBER
<input type="text"/>
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Case Description:	Co-operation of Child
Cardiovascular <input type="checkbox"/>	Compliant <input type="checkbox"/>
Neurology/Neurodisability <input type="checkbox"/>	Hesitant <input type="checkbox"/>
Musculoskeletal <input type="checkbox"/>	Unwilling <input type="checkbox"/>
Respiratory <input type="checkbox"/>	
Abdominal <input type="checkbox"/>	
Gastroenterology <input type="checkbox"/>	
Ophthalmology <input type="checkbox"/>	
Dermatology <input type="checkbox"/>	
Hepatology/Haematology, growth and nutrition <input type="checkbox"/>	
Nephrology <input type="checkbox"/>	

Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
B Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Identification of Clinical Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
B Physical Examination	1	Well-structured, systematic exam technique.	Exam technique lacking some structure. <input type="checkbox"/>	Very slow, uncertain, unstructured, unsystematic exam technique. <input type="checkbox"/>
	2	Appropriate care taken to adapt to needs of patient. Permission to examine sought.	Limited adaptation to meet needs of patient. <input type="checkbox"/>	Poor adaptation to patient needs. Lack of care. No attempt to seek permission. <input type="checkbox"/>
	3	Appropriate use of equipment/development toys.	Unfocused use of equipment. <input type="checkbox"/>	Incorrect or no use of equipment/development toys. <input type="checkbox"/>
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

5

MRCPCH Clinical Examination - Station 5 DEVELOPMENT



Date:	Time:	Age of child:
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CANDIDATE NUMBER			CANDIDATE NAME
<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>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"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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EXAMINER NUMBER
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<input type="text"/>
<input type="text"/>

Case Description:	Co-operation of Child	
Fine motor	<input type="checkbox"/>	Compliant <input type="checkbox"/>
Gross motor	<input type="checkbox"/>	Hesitant <input type="checkbox"/>
Speech & Language	<input type="checkbox"/>	Unwilling <input type="checkbox"/>
Social	<input type="checkbox"/>	

Clinical Domain	Meets Standard	Borderline	Below Standard
A1 Information Gathering / History Taking	<input type="checkbox"/>	<input type="checkbox"/>	
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
B Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Identification of Clinical Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1 Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2 Management Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1 Rapport & Communication Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

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DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
A1 Information Gathering/ History Taking	1	Asks key relevant questions.	Lacks some focus in exploring relevant lines of questioning. <input type="checkbox"/>	Questions asked not relevant to the patient poorly understood by patient/parent/carer. <input type="checkbox"/>
	2	Sensitively gathers appropriate Information.	Information gathering lacking in sensitivity. <input type="checkbox"/>	Information gathering approach is insensitive. <input type="checkbox"/>
	3	Explores main problems/concerns of patient/parent/carer in structured manner.	Does not fully explore problems/concerns of patient/parent/carer. A little unstructured. <input type="checkbox"/>	Approach is haphazard/unstructured & does not consider/explore the problems/concerns of patient/parent/ carer. <input type="checkbox"/>
B Physical Examination	1	Well-structured, systematic exam technique.	Exam technique lacking some structure. <input type="checkbox"/>	Very slow, uncertain, unstructured, unsystematic exam technique. <input type="checkbox"/>
	2	Appropriate care taken to adapt to needs of patient. Permission to examine sought.	Limited adaptation to meet needs of patient. <input type="checkbox"/>	Poor adaptation to patient needs. Lack of care. No attempt to seek permission. <input type="checkbox"/>
	3	Appropriate use of equipment/ development toys.	Unstructured use of equipment/development toys. <input type="checkbox"/>	Incorrect or no use of equipment/development toys. <input type="checkbox"/>
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam incomplete / inconclusive. <input type="checkbox"/>
D2 Management Planning	1	Relevant investigations to appropriately address identified problems.	Investigations suggested don't fully address identified problems. <input type="checkbox"/>	Unable to suggest appropriate investigations. <input type="checkbox"/>
	2	Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.	Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. <input type="checkbox"/>	Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/ patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

6

MRCPCH Clinical Examination - Station 6
HISTORY



Date:	Time:
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CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NAME

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

EXAMINER NUMBER

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SCENARIO

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Clinical Domain	Meets Standard	Borderline	Below Standard
A1 Information Gathering/ History Taking	-	-	-
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
D1 Clinical Reasoning	-	-	-
D2 Management Planning	-	-	-
E1 Rapport & Communication Style	-	-	-
E2 Verbal & Listening Communication Skills	-	-	-
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/>
NO <input type="checkbox"/>			

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

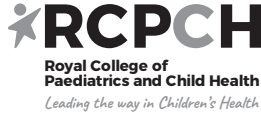
		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
A1 Information Gathering/ History Taking	1	Asks key relevant questions.	Lacks some focus in exploring relevant lines of questioning. <input type="checkbox"/>	Questions asked not relevant to the patient poorly understood by patient/parent/carer. <input type="checkbox"/>
	2	Sensitively gathers appropriate Information.	Information gathering lacking in sensitivity. <input type="checkbox"/>	Information gathering approach is insensitive. <input type="checkbox"/>
	3	Explores main problems/concerns of patient/parent/carer in structured manner.	Does not fully explore problems/concerns of patient/parent/carer. A little unstructured. <input type="checkbox"/>	Approach is haphazard/unstructured & does not consider/explore the problems/concerns of patient/parent/ carer. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate &/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent & sensible suggestions if exam inconclusive. <input type="checkbox"/>
D2 Management Planning	1	Relevant investigations to appropriately address identified problems	Investigations suggested don't fully address identified problems. <input type="checkbox"/>	Unable to suggest appropriate investigations. <input type="checkbox"/>
	2	Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.	Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. <input type="checkbox"/>	Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral/escalation. No clear relation to patient/parent/carer concerns. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence, greeting and introduction; professional; sensitive, appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>
E2 Verbal & Listening Communication Skills	1	Applies active listening & displays interest with patient/parent/carer/colleagues.	Not actively listening throughout the station; misses some subtle cues. <input type="checkbox"/>	Does not listen/display interest in views of patient/parent/carer or colleagues. Misses cues; obstructive; inappropriate language. <input type="checkbox"/>
	2	Appropriate language used in challenging circumstances with any jargon explained.	Language not fully tailored to subject with some jargon used. <input type="checkbox"/>	Language not tailored to subject with an overreliance on jargon. <input type="checkbox"/>
	3	Allows others opportunity to speak.	Interrupts occasionally. <input type="checkbox"/>	Interrupts repeatedly; dismisses concerns. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

7

MRCPCH Clinical Examination - Station 7
COMMUNICATION A



Date:	Time:
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CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NAME

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

EXAMINER NUMBER

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SCENARIO

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Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
A2 Information Sharing / Accuracy of Information	-	-	-
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
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DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	-	-	-
E2 Verbal & Listening Communication Skills	-	-	-
E3 Managing Concerns & Agreeing Next Steps	-	-	-
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/>
NO <input type="checkbox"/>			

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
A2 Information Sharing / Accuracy of Information	1	Explains relevant, clinically accurate information.	Some inaccuracy/irrelevance in information given. <input type="checkbox"/>	Inaccurate, irrelevant information given. <input type="checkbox"/>
	2	Information provided in a well structured manner.	Information provided lacking in some structure. <input type="checkbox"/>	Information provided lacks structure. <input type="checkbox"/>
	3	Verifies understanding & summarises.	Limited verification of understanding. <input type="checkbox"/>	No verification of understanding. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence, greeting and introduction; professional; sensitive, appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>
E2 Verbal & Listening Communication Skills	1	Applies active listening & displays interest with patient/parent/carer/colleagues.	Not actively listening throughout the station; misses some subtle cues. <input type="checkbox"/>	Does not listen/display interest in views of patient/parent/carer or colleagues. Misses cues; obstructive; inappropriate language. <input type="checkbox"/>
	2	Appropriate language used in challenging circumstances with any jargon explained.	Language not fully tailored to subject with some jargon used. <input type="checkbox"/>	Language not tailored to subject with an overreliance on jargon. <input type="checkbox"/>
	3	Allows others opportunity to speak.	Interrupts occasionally. <input type="checkbox"/>	Interrupts repeatedly; dismisses concerns. <input type="checkbox"/>
E3 Managing Concerns & Agreeing Next Steps	1	Seeks, identifies, acknowledges, attempts to address concerns appropriately.	Some attempt to seek, identify, acknowledge or address concerns. <input type="checkbox"/>	No attempt to seek, identify, acknowledge or address concerns. <input type="checkbox"/>
	2	Displays natural empathy with the patient/parent/carer or colleague.	Some attempt to empathise with the patient/parent/carer or colleague. <input type="checkbox"/>	No significant attempt to empathise with the patient/parent/carer or colleague. <input type="checkbox"/>
	3	Checks knowledge & understanding and agrees next steps.	Minimal checking of knowledge & understanding. Next steps not clear. <input type="checkbox"/>	Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurances/promises given. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

8

MRCPCH Clinical Examination - Station 8
COMMUNICATION B



Date:	Time:
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CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NUMBER

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EXAMINER NAME

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

SCENARIO

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Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
A2 Information Sharing / Accuracy of Information	—	—	—
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
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DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
E1 Rapport & Communication Style	—	—	—
E2 Verbal & Listening Communication Skills	—	—	—
E3 Managing Concerns & Agreeing Next Steps	—	—	—
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/>
NO <input type="checkbox"/>			

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
A2 Information Sharing / Accuracy of Information	1	Explains relevant, clinically accurate information.	Some inaccuracy/irrelevance in information given. <input type="checkbox"/>	Inaccurate, irrelevant information given. <input type="checkbox"/>
	2	Information provided in a well structured manner.	Information provided lacking in some structure. <input type="checkbox"/>	Information provided lacks structure. <input type="checkbox"/>
	3	Verifies understanding & summarises.	Limited verification of understanding. <input type="checkbox"/>	No verification of understanding. <input type="checkbox"/>
E1 Communication Skills: Rapport & Communication Style	1	Appropriate level of confidence, greeting and introduction; professional; sensitive, appropriate body language; responds to verbal & non-verbal cues.	Minor issues with level of confidence, body language & non-verbal skills. <input type="checkbox"/>	Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. <input type="checkbox"/>
	2	Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.	Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague. <input type="checkbox"/>	Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease. <input type="checkbox"/>
	3	Clarifies role & shared agenda. Appropriate tone & pace.	Approach to clarifying role & agenda, (tone & pace) needs improvement. <input type="checkbox"/>	No clarification of role. Inappropriate tone & pace. <input type="checkbox"/>
E2 Verbal & Listening Communication Skills	1	Applies active listening & displays interest with patient/parent/carer/colleagues.	Not actively listening throughout the station; misses some subtle cues. <input type="checkbox"/>	Does not listen/display interest in views of patient/parent/carer or colleagues. Misses cues; obstructive; inappropriate language. <input type="checkbox"/>
	2	Appropriate language used in challenging circumstances with any jargon explained.	Language not fully tailored to subject with some jargon used. <input type="checkbox"/>	Language not tailored to subject with an overreliance on jargon. <input type="checkbox"/>
	3	Allows others opportunity to speak.	Interrupts occasionally. <input type="checkbox"/>	Interrupts repeatedly; dismisses concerns. <input type="checkbox"/>
E3 Managing Concerns & Agreeing Next Steps	1	Seeks, identifies, acknowledges, attempts to address concerns appropriately.	Some attempt to seek, identify, acknowledge or address concerns. <input type="checkbox"/>	No attempt to seek, identify, acknowledge or address concerns. <input type="checkbox"/>
	2	Displays natural empathy with the patient/parent/carer or colleague.	Some attempt to empathise with the patient/parent/carer or colleague. <input type="checkbox"/>	No significant attempt to empathise with the patient/parent/carer or colleague. <input type="checkbox"/>
	3	Checks knowledge & understanding and agrees next steps.	Minimal checking of knowledge & understanding. Next steps not clear. <input type="checkbox"/>	Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurances/promises given. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

9

MRCPCH Clinical Examination - Station 9
VIDEO A



Date: Time:

CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NUMBER

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EXAMINER NAME

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

SCENARIO

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Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
C Identification of Clinical Signs	-	-	-
D1 Clinical Reasoning	-	-	-
D2 Management Planning	-	-	-
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
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DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
D2 Management Planning	1	Relevant investigations to appropriately address identified problems.	Investigations suggested don't fully address identified problems. <input type="checkbox"/>	Unable to suggest appropriate investigations. <input type="checkbox"/>
	2	Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.	Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. <input type="checkbox"/>	Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**

10

MRCPCH Clinical Examination - Station 10
VIDEO B



Date:	Time:
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CANDIDATE NUMBER

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CANDIDATE NAME

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

EXAMINER NUMBER

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EXAMINER NAME

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

SCENARIO

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Clinical Domain	Meets Standard	Borderline	Below Standard
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
C Identification of Clinical Signs	-	-	-
D1 Clinical Reasoning	-	-	-
D2 Management Planning	-	-	-
DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
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DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX	DO NOT WRITE INSIDE THIS BOX
F Unprofessional Conduct (Counselling recommended)	CONCERNS Causes physical or emotional discomfort to patient or parent/carer. Jeopardises patient safety.		YES <input type="checkbox"/> NO <input type="checkbox"/>

If you ticked YES for box F (above), please provide details of your concerns here. If you need more room, please continue on a comment box on the back.

DO NOT WRITE BELOW THIS LINE

		Examiner should mark criteria boxes for any Borderline or Below Standard domain score		
Clinical Domain		Meets Standard	Borderline	Below Standard
C Identification of Clinical Signs	1	Identifies clinical signs that are present.	Misses a few less important signs. <input type="checkbox"/>	Misses one or more important clinical signs. <input type="checkbox"/>
	2	Correctly interprets clinical signs that are present.	Some minor errors in interpretation of signs. <input type="checkbox"/>	Significant errors in interpretation of signs. <input type="checkbox"/>
D1 Clinical Reasoning	1	Formulates & proposes likely appropriate differential diagnosis.	Incomplete differential diagnosis. <input type="checkbox"/>	Inappropriate and/or inadequate differential diagnosis offered. <input type="checkbox"/>
	2	Understands implications of findings.	Unsure about implications of findings. <input type="checkbox"/>	Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. <input type="checkbox"/>
	3	Able to suggest appropriate steps if exam inconclusive.	Lacks confidence as to appropriate steps if exam inconclusive. <input type="checkbox"/>	Unable to form coherent and sensible suggestions if exam inconclusive. <input type="checkbox"/>
D2 Management Planning	1	Relevant investigations to appropriately address identified problems.	Investigations suggested don't fully address identified problems. <input type="checkbox"/>	Unable to suggest appropriate investigations. <input type="checkbox"/>
	2	Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.	Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. <input type="checkbox"/>	Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns. <input type="checkbox"/>

Additional Domain Feedback Comments. Add comments here relevant to performance in Domains

Additional Comments/Special Circumstances (optional) Factors that may impact on candidate performance i.e. procedural issues (station disruption, candidate/patient/role player/parent or carer unwilling, sick, difficult, upset etc.) add comments here. **Not for examiners to add comments to support grades.**