

## MRCPCH CLINICAL EXAMINATION: CLINICAL STATIONS

Clinical Domain	Meets Standard	Borderline	Below Standard
<b>B Physical Examination</b>	<ol style="list-style-type: none"> <li>1. Well-structured, systematic exam technique.</li> <li>2. Appropriate care taken to adapt to needs of patient. Permission to examine sought.</li> <li>3. Appropriate use of equipment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Exam technique lacking some structure.</li> <li>2. Limited adaptation to meet needs of patient.</li> <li>3. Unfocused use of equipment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Very slow, uncertain, unstructured, unsystematic exam technique.</li> <li>2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission.</li> <li>3. Incorrect or no use of equipment</li> </ol>
<b>C Identification of Clinical Signs</b>	<ol style="list-style-type: none"> <li>1. Identifies clinical signs that are present.</li> <li>2. Correctly interprets clinical signs that are present.</li> </ol>	<ol style="list-style-type: none"> <li>1. Misses a few less important signs.</li> <li>2. Some minor errors in interpretation of signs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Misses one or more important clinical signs and/or describes non-existent signs/invents signs</li> <li>2. Significant errors in interpretation of signs.</li> </ol>
<b>D1 Clinical Reasoning</b>	<ol style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol>
<b>E1 Communication Skills: Rapport &amp; Communication Style</b>	<ol style="list-style-type: none"> <li>1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.</li> <li>3. Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol>	<ol style="list-style-type: none"> <li>1. Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>2. Develops reasonable level of rapport; could do more to engage patient/ parent/carer or colleague.</li> <li>3. Approach to clarifying role &amp; agenda, (pace &amp; tone) needs improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident</li> <li>2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.</li> <li>3. No clarification of role. Inappropriate tone &amp; pace.</li> </ol>

## MRCPCH CLINICAL EXAMINATION: DEVELOPMENT STATION

Clinical Domain	Meets Standard	Borderline (prompt required?)	Below Standard
<b>A1 Information Gathering/History Taking</b>	<ol style="list-style-type: none"> <li>Asks key relevant questions.</li> <li>Sensitively gathers appropriate information.</li> <li>Explores main problems/concerns of patient/parent/carer in structured manner.</li> </ol>	<ol style="list-style-type: none"> <li>Lacks some focus in exploring relevant lines of questioning</li> <li>Information gathering lacking in sensitivity.</li> <li>Does not fully explore problems/concerns of patient/parent/carer. A little unstructured.</li> </ol>	<ol style="list-style-type: none"> <li>Questions asked not relevant to the patient poorly understood by patient/parent/carer.</li> <li>Information gathering approach is insensitive/inadequate.</li> <li>Approach is haphazard/unstructured &amp; does not consider/explore the problems/concerns of patient/parent/ carer.</li> </ol>
<b>B Physical Examination</b>	<ol style="list-style-type: none"> <li>Well-structured, systematic exam technique.</li> <li>Appropriate care taken to adapt to needs of patient. Permission to examine sought.</li> <li>Appropriate use of equipment/development toys</li> </ol>	<ol style="list-style-type: none"> <li>Exam technique lacking some structure.</li> <li>Limited adaptation to meet needs of patient.</li> <li>Unfocused use of equipment/development toys</li> </ol>	<ol style="list-style-type: none"> <li>Very slow, uncertain, unstructured, unsystematic exam technique.</li> <li>Poor adaptation to patient needs. Lack of care. No attempt to seek permission.</li> <li>Incorrect or no use of equipment/development toys</li> </ol>
<b>C Identification of Clinical Signs</b>	<ol style="list-style-type: none"> <li>Identifies clinical signs that are present.</li> <li>Correctly interprets clinical signs that are present.</li> </ol>	<ol style="list-style-type: none"> <li>Misses a few less important signs.</li> <li>Some minor errors in interpretation of signs.</li> </ol>	<ol style="list-style-type: none"> <li>Misses one or more important clinical signs and/or describes non-existent signs/invents signs.</li> <li>Significant errors in interpretation of signs.</li> </ol>
<b>D1 Clinical Reasoning</b>	<ol style="list-style-type: none"> <li>Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>Understands implications of findings.</li> <li>Able to suggest appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>Incomplete differential diagnosis.</li> <li>Unsure about implications of findings.</li> <li>Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol>
<b>D2 Management Planning</b>	<ol style="list-style-type: none"> <li>Relevant investigations to appropriately address identified problems.</li> <li>Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>Investigations suggested don't fully address identified problems.</li> <li>Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &amp;/or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>Unable to suggest appropriate investigations.</li> <li>Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns.</li> </ol>
<b>E1 Communication Skills: Rapport &amp; Communication Style</b>	<ol style="list-style-type: none"> <li>Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.</li> <li>Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol>	<ol style="list-style-type: none"> <li>Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.</li> <li>Approach to clarifying role &amp; agenda, (tone &amp; pace) needs improvement.</li> </ol>	<ol style="list-style-type: none"> <li>Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.</li> <li>No clarification of role. Inappropriate tone &amp; pace.</li> </ol>

## MRCPCH CLINICAL EXAMINATION: HISTORY TAKING & MANAGEMENT PLANNING STATIONS

Clinical Domain	Meets Standard	Borderline (prompt required?)	Below Standard
<b>A1 Information Gathering/History Taking</b>	<ol style="list-style-type: none"> <li>1. Asks key relevant questions.</li> <li>2. Sensitively gathers appropriate information.</li> <li>3. Explores main problems/concerns of patient/parent/carer in structured manner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Lacks some focus in exploring relevant lines of questioning.</li> <li>2. Information gathering lacking in sensitivity.</li> <li>3. Does not fully explore problems/concerns of patient/parent/carer. A little unstructured.</li> </ol>	<ol style="list-style-type: none"> <li>1. Questions asked not relevant to the patient poorly understood by patient/parent/carer.</li> <li>2. Information gathering approach is insensitive/inadequate</li> <li>3. Approach is haphazard/unstructured &amp; does not consider/explore the problems/concerns of patient/parent/carer.</li> </ol>
<b>D1 Clinical Reasoning</b>	<ol style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol>
<b>D2 Management Planning</b>	<ol style="list-style-type: none"> <li>1. Relevant investigations to appropriately address identified problems.</li> <li>2. Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Investigations suggested don't fully address identified problems.</li> <li>2. Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &amp;/or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unable to suggest appropriate investigations.</li> <li>2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns.</li> </ol>
<b>E1 Communication Skills: Rapport &amp; Communication Style</b>	<ol style="list-style-type: none"> <li>1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.</li> <li>3. Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol>	<ol style="list-style-type: none"> <li>1. Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>2. Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.</li> <li>3. Approach to clarifying role &amp; agenda, (tone &amp; pace) needs improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.</li> <li>3. No clarification of role. Inappropriate tone &amp; pace.</li> </ol>
<b>E2 Verbal &amp; Listening Communication Skills</b>	<ol style="list-style-type: none"> <li>1. Applies active listening &amp; displays interest with patient/parent/carer/colleagues.</li> <li>2. Allows others opportunity to speak.</li> <li>3. Appropriate language used in challenging circumstances with any jargon explained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not actively listening throughout the station; misses some subtle cues.</li> <li>2. Interrupts occasionally</li> <li>3. Language not fully tailored to subject with some jargon used.</li> </ol>	<ol style="list-style-type: none"> <li>1. Does not listen/display interest in views of patient/parent/carer or colleagues. Misses cues; obstructive; inappropriate language.</li> <li>2. Interrupts repeatedly; dismisses concerns.</li> <li>3. Language not tailored to subject with an overreliance on jargon.</li> </ol>

## MRCPCH CLINICAL EXAMINATION: COMMUNICATION STATIONS

Clinical Domain	Meets Standard	Borderline (prompt required?)	Below Standard
<b>A2 Information Sharing /Accuracy of Information</b>	<ol style="list-style-type: none"> <li>1. Explains relevant, clinically accurate information.</li> <li>2. Information provided in a well-structured manner.</li> <li>3. Verifies understanding - summarises.</li> </ol>	<ol style="list-style-type: none"> <li>1. Some inaccuracy/irrelevance in information given.</li> <li>2. Information provided lacking in some structure.</li> <li>3. Limited verification of understanding.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inaccurate, irrelevant information given.</li> <li>2. Information provided lacks structure.</li> <li>3. No verification of understanding.</li> </ol>
<b>E1 Communication Skills: Rapport &amp; Communication Style</b>	<ol style="list-style-type: none"> <li>1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal &amp; non-verbal cues.</li> <li>2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.</li> <li>3. Clarifies role &amp; shared agenda. Appropriate tone &amp; pace.</li> </ol>	<ol style="list-style-type: none"> <li>1. Minor issues with level of confidence, body language &amp; non-verbal skills.</li> <li>2. Develops reasonable level of rapport; could do more to engage patient/ parent/carer or colleague.</li> <li>3. Approach to clarifying role &amp; agenda, (tone &amp; pace) needs improvement.</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor body language &amp; non-verbal skills, unprofessional manner, insensitive or overconfident.</li> <li>2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.</li> <li>3. No clarification of role. Inappropriate tone &amp; pace.</li> </ol>
<b>E2 Verbal &amp; Listening Communication Skills</b>	<ol style="list-style-type: none"> <li>1. Applies active listening &amp; displays interest with patient/parent/carer/colleagues.</li> <li>2. Allows others opportunity to speak</li> <li>3. Appropriate language used in challenging circumstances with any jargon explained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not actively listening throughout the station; misses some subtle cues.</li> <li>2. Interrupts occasionally</li> <li>3. Language not fully tailored to subject with some jargon used.</li> </ol>	<ol style="list-style-type: none"> <li>1. Does not listen/display interest in views of patient/parent/carer or colleagues. Misses cues; obstructive; inappropriate language.</li> <li>2. Interrupts repeatedly; dismisses concerns.</li> <li>3. Language not tailored to subject with an overreliance on jargon.</li> </ol>
<b>E3- Managing Concerns &amp; agreeing next steps</b>	<ol style="list-style-type: none"> <li>1. Seeks, identifies, acknowledges, attempts to address concerns appropriately.</li> <li>2. Displays natural empathy with the patient/parent/carer or colleague.</li> <li>3. Checks knowledge &amp; understanding and agrees next steps.</li> </ol>	<ol style="list-style-type: none"> <li>1. Some attempt to seek, identify, acknowledge or address concerns.</li> <li>2. Some attempt to empathise with the patient/parent/carer or colleague.</li> <li>3. Minimal checking of knowledge &amp; understanding. Next steps not clear</li> </ol>	<ol style="list-style-type: none"> <li>1. No attempt to seek, identify, acknowledge or address concerns.</li> <li>2. No significant attempt to empathise with the patient/parent/carer or colleague.</li> <li>3. Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurances/promises given.</li> </ol>

## MRCPCH CLINICAL EXAMINATION: VIDEO STATIONS

Clinical Domain	Meets Standard	Borderline (prompt required?)	Below Standard
<b>C Identification of Clinical Signs</b>	<ol style="list-style-type: none"> <li>1. Identifies clinical signs that are present.</li> <li>2. Correctly interprets clinical signs that are present.</li> </ol>	<ol style="list-style-type: none"> <li>1. Misses a few less important signs.</li> <li>2. Some minor errors in interpretation of signs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Misses one or more important clinical signs and/or describes non-existent signs/invents signs</li> <li>2. Significant errors in interpretation of signs.</li> </ol>
<b>D1 Clinical Reasoning</b>	<ol style="list-style-type: none"> <li>1. Formulates &amp; proposes likely appropriate differential diagnosis</li> <li>2. Understands implications of findings.</li> <li>3. Able to suggest appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Incomplete differential diagnosis.</li> <li>2. Unsure about implications of findings.</li> <li>3. Lacks confidence as to appropriate steps if exam inconclusive.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inappropriate &amp;/or inadequate differential diagnosis offered.</li> <li>2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong &amp; confident.</li> <li>3. Unable to form coherent &amp; sensible suggestions if exam inconclusive.</li> </ol>
<b>D2 Management Planning</b>	<ol style="list-style-type: none"> <li>1. Relevant investigations to appropriately address identified problems.</li> <li>2. Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Investigations suggested don't fully address identified problems.</li> <li>2. Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &amp;/or escalation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unable to suggest appropriate investigations.</li> <li>2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns.</li> </ol>