

DCH ANCHOR STATEMENTS: STATION 1 & 2 - COMMUNICATION

PART A : RAPPORT	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
PART B: INFORMATION GIVING	<p>CLEAR PASS</p> <p>Information given is accurate. Language is understandable to role-player. Knowledge base for information is appropriate for F2 doctor/GP trainee (or equivalent) with some paediatric training. Asks clear questions where required. Mixture of open & closed questioning. Role-player & examiner can hear & understand fully. Avoids jargon. Allows role-player sufficient time to speak. Picks up verbal & non-verbal cues. Verifies & summarises role-players concerns</p>	<p>PASS</p> <p>Accurate information but missing one or two minor details. Language used to convey information is generally appropriate for role-player's level of understanding. Knowledge base lacking in one or two minor areas. Questions reasonable and cover all essential issues but may omit occasional relevant but less important points. Overall approach structured. Appropriate style of questioning responsive to role-player. Summarises concerns. Accurate information but missing one or two minor details. Language used to convey information is generally appropriate for role-player's level of understanding. Knowledge base lacking in one or two minor areas</p>	<p>BARE FAIL</p> <p>Some inaccurate information given. Language difficult for role-player to understand. Knowledge base poor in some areas. Misses relevant information which if known would make a difference to the most appropriate approach to the problem. Excessive use of closed instead of open questions. Uses medical jargon occasionally. Misses verbal or non-verbal cues. Summary inaccurate / incomplete.</p>	<p>CLEAR FAIL</p> <p>Information inaccurate but not dangerous. Language inappropriate for role-player to understand. Knowledge base generally poor. Asks closed questions instead of open questions. Questions poorly comprehended by role-player. Inappropriate use of medical jargon. Inappropriately interrupts role-player. Hasty approach. Does not seek views of role-player. Poorly structured interview.</p>	<p>UNACCEPTABLE</p> <p>Dangerous or grossly inaccurate information. Language impossible for role-player to understand. Knowledge base below that expected for a qualified doctor. Shows no regard for role-player's feelings. Rudeness or arrogance. No verification or summarising.</p>

DCH ANCHOR STATEMENT: STATION 3 - DATA INTERPRETATION

PART A: DATA INTERPRETATION	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
	Identifies problem data Accurately interprets the data in the clinical context provided (achieves correct diagnosis)	Identifies problem data No clinical diagnosis but suggests relevant differential diagnosis	Identifies problem data Lacking in areas of clinical diagnosis or limited differential diagnosis	Fails to identify problem data Incorrect clinical diagnosis or inappropriate differential diagnosis	Fails to identify problem data Incorrect and unsafe diagnosis
PART B: DISCUSSION	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
	Fluent and confident in discussing management Good understanding of the evidence base (for example NICE guidelines) underpinning good paediatric practice above	Lacks confidence in discussing management Understands evidence base underpinning good paediatric practice	Limited knowledge and understanding of management Limited understanding of evidence-based approach to paediatric practice	Poor knowledge and understanding of management Poor understanding of evidence-based approach to paediatric practice	Unreliable and unsafe response to investigations and management in paediatrics Argumentative and critical of evidence-based approach to paediatric practice

DCH ANCHOR STATEMENT: STATION 4 – SHORT CLINICAL/CLINICAL ASSESSMENT

PART A : EXAMINATION APPROACH AND IDENTIFICATION OF CLINICAL SIGNS	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
PART B: CLINICAL REASONING AND DISCUSSION	<p>CLEAR PASS</p> <p>Formulates & proposes likely most appropriate differential diagnosis Understands implications of findings. Able to outline management principles</p>	<p>PASS</p> <p>Formulates & proposes an appropriate differential diagnosis Understands implications of most significant findings. Not confident with management plans</p>	<p>BARE FAIL</p> <p>Incomplete differential diagnosis. Unsure about implications of some findings. Misses important steps in the management</p>	<p>CLEAR FAIL</p> <p>Inappropriate &/or inadequate differential diagnosis offered. Lacks insight into implications of findings. Poor understanding/lack of knowledge with some patient safety implications. Unable to outline management</p>	<p>UNACCEPTABLE</p> <p>Differentials are non-existent or completely incorrect. Wrong & confident. No evidence of any clinical reasoning.</p>

DCH ANCHOR STATEMENTS: STATION 5&6 - FOCUSED HISTORY & MANAGEMENT

PART A : RAPPOR T & FOCUSED HISTORY	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
	<p>Full greeting and introduction. Clarifies role and agrees aims and objectives. Perceived to be actively listening (nod etc) with verbal and non-verbal cues. Appropriate level of confidence. Empathetic nature. Putting parent/child at ease. Ask clear question pertinent to the case. Open and closed questions. Parent, child and examiner can hear and understand fully. Appropriate answers to parent's questions. Structured questions. Avoids jargon, picks up verbal and non-verbal cues. Succinct summary of key issues. Good eye contact and posture</p>	<p>Adequately performed but not fully fluent in conducting interview Question reasonable and covers essential issues but omits occasional essential points. Overall approach structured. Appropriate style of questioning. Main points summarised.</p>	<p>Incomplete or hesitant greeting and introduction. Inadequate identification of role, aims and objectives. Poor eye contact and posture. Not perceived to be actively listening (nod etc) with verbal and non-verbal cues. Does not show appropriate level of confidence, empathetic nature or putting parent/child at ease. Misses relevant information, which would make a difference to management if known. Excessive use of closed question. Occasional use of jargon. Summary incomplete.</p>	<p>Significant components omitted or not achieved Ask irrelevant questions, poorly understood by parent and child. Excessive use of jargon. Does not seek the view of parent/child. Very poor summary.</p>	<p>Dismissive of parent/child concerns. Fails to put parent or child at ease. Questions totally unrelated to the problem presented. Shows no regard to the child/parent. No summary</p>
PART B: SUMMARY, MANAGEMENT PLANNING AND CLOSURE	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
	<p>Summarises. Gathers accurate information. Outlines differential diagnosis Explores options for management. Provides appropriate further contact information. Refers to other agencies as required</p>	<p>Summarises most of the important points and suggests a diagnosis and one differential. Mentions management strategy. Provides some information about other services and future plan.</p>	<p>Incomplete summary of problems No clear diagnosis Inadequately planned management. Does not relate management to child/parents needs or concerns.</p>	<p>Poor summary. Unable to discuss the differential diagnosis Patient unsure of future plans. Poor discussion of management options. Poor use of referral to other agencies.</p>	<p>Abrupt ending. Inaccurate information given. Lack of regard for safe, ethical and effective treatments. Poor arrangements for future contact.</p>

DCH ANCHOR STATEMENTS: STATION 7 - CHILD DEVELOPMENT

	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
PART A: DEVELOPMENTAL ASSESSMENT	Well-structured and systematic approach verbalised. Provides clear instructions on what child should be asked to undertake (tests). Accurate identification of normal/abnormal development and any disability	Structured exam technique verbalised but limited reference regarding how to best engage child and what tests the child should be asked to take. Relevant use of majority of equipment relevant to developmental focus verbalised. Accurate identification of normal/abnormal development and any disability but with one or two minor errors in interpretation.	Examination technique verbalised is not well structured and/or includes minor errors. Little to no reference regarding how to best engage child and what tests child should take. Several minor errors in identification of normal/abnormal development and any disability	Very slow, uncertain, unstructured, unsystematic developmental exam technique verbalised No reference regarding how to best engage child and what tests child should take. Incorrect use of equipment or no use of equipment referenced. Is not able to identify normal/abnormal development and/or any disability	No developmental examination referenced. No knowledge of how to undertake a developmental assessment. No reference to what tests child should take. No reference to use of equipment/does not know what equipment should be used or no use of equipment referenced. Is not able to identify normal/abnormal development and any disability and/or confuses normal with abnormal (vice versa)
PART B: DISCUSSION OF PROBLEMS OF CHILD DEVELOPMENT	Good summary of findings and key priorities. Covers relevant aspects of case, Delivers appropriate explanation. Evidence of knowledge in a clinical setting. Suggests appropriate investigations and referral.	Adequate though not complete summary of findings and key priorities. Covers main relevant aspects of case and delivers adequate explanation. Appropriate investigations and referral.	Incorrect conclusion Some identification of further investigation, referral or treatment, but evidence of muddled thinking.	Incorrect explanation Little clinical knowledge. Poor identification of possible problems. Lack of clarity of future planning.	Unable to interpret findings. Serious deficiencies in knowledge and understanding of child development assessment

DCH ANCHOR STATEMENTS: STATION 8 - SAFE PRESCRIBING

<p>PART A: PRESCRIBING EFFECTIVELY AND IN CONTEXT</p> <p>(Assessment of the ability to identify inaccuracies in the written prescription based on set scenario)</p>	<p>CLEAR PASS</p> <p>Able to identify the following Essential and Desired criteria in relation to inaccuracies:</p> <p>ESSENTIAL: Child's name, address, date of birth: must be written on the prescription Prescribes the correct drug Generic drug name or Trade name included if appropriate Names of drugs and preparations not abbreviated. Correct dose and the dose strength included Unnecessary use of decimal points avoided, e.g. 3mg, not 3.0 mg. Qualities of 1 gram or more should be written as 1g, etc. Qualities less than 1 gram written in milligrams, e.g. 500mg, not 0.5 g. Qualities less than 1 mg written in micrograms, e.g. 100 micrograms, not 0.1 mg. When decimals are unavoidable a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5mL, not .5mL. Use of decimal point is acceptable to express a range, e.g. 0.5 to 1g. Dose frequency and total number of days of dose indicated. In the case of preparations to be taken 'as required' a minimum dose interval should be specified. Units are clearly written: g, mg, micrograms, nanograms are acceptable Prescription must be complete (signature, name, date) When doses other than multiples of 5mL are prescribed for oral liquid preparations the dose-volume will be provided by means of an oral syringe</p> <p>DESIRED: Checks formulations available and what would be most suitable (capsule or liquid) Dispensable dose (rounded up) Appropriate route of administration included States weight if relevant Fluent and confident in use of BNFC (uses BNFC logically, acquires information rapidly, does not 'browse' randomly)</p>	<p>PASS</p> <p>Achieves all essential criteria in relation to identifying inaccuracies and some desired criteria Most importantly prescribes the correct drug or a clinically appropriate different drug</p>	<p>BARE FAIL</p> <p>Misses any of the essential criteria that is inaccurate and some / several desirable criteria Most importantly must still prescribe the correct drug or a clinically appropriate different drug</p>	<p>CLEAR FAIL</p> <p>Misses most essential and desired criteria (this includes name of patient/name of drug/dosage etc.) Prescribes the wrong drug</p>	<p>UNACCEPTABLE</p> <p>Unsafe prescription in relation to identification of inaccuracy.: · misses any unsafe dose prescribed (correct or the wrong drug) · misses unsafe drug prescribed (risk to patient safety)</p>

PART B: KNOWLEDGE, SKILLS AND ATTITUDE TO PRESCRIBING (Assessment of the discussion with the examiner)	CLEAR PASS <ul style="list-style-type: none"> · Explains correct choice (clinical and cost effectiveness) of medication for this scenario (based on clinical reasoning, national guideline or BNFC advice) · Explains relevant patient related factors influencing prescription · Knows contraindications · Knows side effects · Fluent and confident 	PASS <ul style="list-style-type: none"> · Knows indications, important contraindications and side effects of the drug prescribed. · Aware of patient related factors influencing prescription · Lacks confidence 	BARE FAIL <ul style="list-style-type: none"> · Limited knowledge of the drug prescribed. · Misses important contraindications, side effects · Not aware of patient related factors influencing prescription · Lacks confidence. 	CLEAR FAIL <ul style="list-style-type: none"> · Limited or poor explanation offered for the choice of the drug prescribed · fails to suggest alternative and appropriate drug · Poor understanding of patient related factors influencing prescription · Lacks confidence and poor responses. 	UNACCEPTABLE <ul style="list-style-type: none"> · Lack of knowledge or understanding of contraindications, side effects · Unsafe. · Inappropriate attitude displayed in responses.
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