

MRCPCH CLINICAL EXAMINATION: CLINICAL STATIONS

Clinical Domain	Meets Standard	Borderline	Below Standard
B Physical Examination	<ol style="list-style-type: none"> 1. Well-structured, systematic exam technique verbalised. 2. Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine being sought. 3. Appropriate use of equipment/development toys (if relevant) verbalised 	<ol style="list-style-type: none"> 1. Exam technique lacking some structure. 2. Limited adaptation to meet needs of patient. 3. Unfocused use of equipment/development toys (if relevant) 	<ol style="list-style-type: none"> 1. Very slow, uncertain, unstructured, unsystematic exam technique. 2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission. 3. Incorrect or no use of equipment/development toys (if relevant)
C Identification of Clinical Signs	<ol style="list-style-type: none"> 1. Identifies clinical signs that are present. 2. Correctly interprets clinical signs that are present. 	<ol style="list-style-type: none"> 1. Misses a few less important signs. 2. Some minor errors in interpretation of signs. 	<ol style="list-style-type: none"> 1. Misses one or more important clinical signs and/or describes non-existent signs/invents signs 2. Significant errors in interpretation of signs.
D1 Clinical Reasoning	<ol style="list-style-type: none"> 1. Formulates & proposes likely appropriate differential diagnosis 2. Understands implications of findings. 3. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> 1. Incomplete differential diagnosis. 2. Unsure about implications of findings. 3. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> 1. Inappropriate &/or inadequate differential diagnosis offered. 2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. 3. Unable to form coherent & sensible suggestions if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> 1. Relevant investigations to appropriately address identified problems. 2. Provides safe, ethical, effective management plan that relates to parental concerns if relevant including appropriate referral or escalation. 	<ol style="list-style-type: none"> 1. Investigations suggested don't fully address identified problems. 2. Does not fully relate management plan to parental concerns. Some reference made to referral &/or escalation. 	<ol style="list-style-type: none"> 1. Unable to suggest appropriate investigations. 2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.

MRCPCH CLINICAL EXAMINATION: DEVELOPMENT STATION

Clinical Domain	Meets Standard	Borderline (prompt required?)	Below Standard
A1 Information Gathering/History Taking	<ol style="list-style-type: none"> 1. Asks key relevant questions. 2. Sensitively gathers appropriate information. 3. Explores main problems/concerns of role-player in structured manner. 	<ol style="list-style-type: none"> 1. Lacks some focus in exploring relevant lines of questioning 2. Information gathering lacking in sensitivity. 3. Does not fully explore problems/ concerns of role-player. A little unstructured. 	<ol style="list-style-type: none"> 1. Questions asked not relevant to the patient, poorly understood by role-player. 2. Information gathering approach is insensitive/inadequate. 3. Approach is haphazard/unstructured & does not consider/explore the problems/concerns of role-player.
B Physical Examination	<ol style="list-style-type: none"> 1. Well-structured, systematic exam technique verbalised. 2. Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine sought. 3. Appropriate use of equipment/development toys (if relevant) verbalised 	<ol style="list-style-type: none"> 1. Exam technique lacking some structure. 2. Limited adaptation to meet needs of patient. 3. Unfocused use of equipment/development toys (if relevant) 	<ol style="list-style-type: none"> 1. Very slow, uncertain, unstructured, unsystematic exam technique. 2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission. 3. Incorrect or no use of equipment/development toys (if relevant)
C Identification of Clinical Signs	<ol style="list-style-type: none"> 1. Identifies clinical signs that are present. 2. Correctly interprets clinical signs that are present. 	<ol style="list-style-type: none"> 1. Misses a few less important signs. 2. Some minor errors in interpretation of signs. 	<ol style="list-style-type: none"> 1 Misses one or more important clinical signs and/or describes non-existent signs/invents signs. 2 Significant errors in interpretation of signs.
D1 Clinical Reasoning	<ol style="list-style-type: none"> 1. Formulates & proposes likely appropriate differential diagnosis 2. Understands implications of findings. 3. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> 1. Incomplete differential diagnosis. 2. Unsure about implications of findings. 3. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> 1. Inappropriate &/or inadequate differential diagnosis offered. 2. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. 3. Unable to form coherent & sensible suggestions if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> 1. Relevant investigations to appropriately address identified problems. 2. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation. 	<ol style="list-style-type: none"> 1. Investigations suggested don't fully address identified problems. 2. Does not fully relate management plan to parental concerns. Some reference made to referral &/or escalation. 	<ol style="list-style-type: none"> 1. Unable to suggest appropriate investigations. 2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to parental concerns.
E1 Communication Skills: Rapport & Communication Style	<ol style="list-style-type: none"> 1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. 2. Develops appropriate rapport with role-player. Puts at ease. 3. Clarifies role & shared agenda. Appropriate tone & pace. 	<ol style="list-style-type: none"> 1. Minor issues with level of confidence, body language & non-verbal skills. 2. Develops reasonable level of rapport; could do more to engage role-player. 3. Approach to clarifying role & agenda and tone & pace needs improvement. 	<ol style="list-style-type: none"> 1. Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. 2. Poor rapport or detached. Fails to put role-player at ease. 3. No clarification of role. Inappropriate tone & pace.

MRCPCH CLINICAL EXAMINATION: HISTORY TAKING & MANAGEMENT PLANNING STATIONS

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

MRCPCH CLINICAL EXAMINATION: COMMUNICATION STATIONS

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

MRCPCH CLINICAL EXAMINATION: VIDEO STATIONS

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