

MRCPCH CLINICAL EXAMINATION: SHORT CLINICAL STATIONS

Clinical Domain	Meets Standard	Borderline	Below Standard
B Physical Examination	<ol style="list-style-type: none"> Well-structured, systematic exam technique. Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine being sought. Appropriate use of equipment/development toys (if relevant). 	<ol style="list-style-type: none"> Exam technique lacking some structure. Limited adaptation to meet needs of patient. Unfocused use of equipment/development toys (if relevant) 	<ol style="list-style-type: none"> Very slow, uncertain, unstructured, unsystematic exam technique. Poor adaptation to patient needs. Lack of care. No attempt to seek permission. Incorrect or no use of equipment/development toys (if relevant)
C Identification of Clinical Signs	<ol style="list-style-type: none"> Identifies clinical signs that are present. Correctly interprets clinical signs that are present. 	<ol style="list-style-type: none"> Misses a few less important signs. Some minor errors in interpretation of signs. 	<ol style="list-style-type: none"> Misses one or more important clinical signs and/or describes non-existent signs/invents signs Significant errors in interpretation of signs.
D1 Clinical Reasoning	<ol style="list-style-type: none"> Formulates & proposes likely appropriate differential diagnosis Understands implications of findings. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Incomplete differential diagnosis. Unsure about implications of findings. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Inappropriate &/or inadequate differential diagnosis offered. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. Unable to form coherent & sensible suggestions if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> Relevant investigations to appropriately address identified problems. Provides safe, ethical, effective management plan that relates to parental concerns if relevant including appropriate referral or escalation. 	<ol style="list-style-type: none"> Investigations suggested don't fully address identified problems. Does not fully relate management plan to parental concerns. Some reference made to referral &/or escalation. 	<ol style="list-style-type: none"> Unable to suggest appropriate investigations. 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"> Asks key relevant questions. Sensitively gathers appropriate information. Explores main problems/concerns of role-player in structured manner. 	<ol style="list-style-type: none"> Lacks some focus in exploring relevant lines of questioning Information gathering lacking in sensitivity. Does not fully explore problems/ concerns of role-player. A little unstructured. 	<ol style="list-style-type: none"> Questions asked not relevant to the patient, poorly understood by role-player. Information gathering approach is insensitive/inadequate. Approach is haphazard/unstructured & does not consider/explore the problems/concerns of role-player.
B Physical Examination	<ol style="list-style-type: none"> Well-structured, systematic exam technique. Appropriate recognition of the requirement of care taken to adapt to needs of patient including permission to examine sought. Appropriate use of equipment/development toys (if relevant). 	<ol style="list-style-type: none"> Exam technique lacking some structure. Limited adaptation to meet needs of patient. Unfocused use of equipment/development toys (if relevant) 	<ol style="list-style-type: none"> Very slow, uncertain, unstructured, unsystematic exam technique. Poor adaptation to patient needs. Lack of care. No attempt to seek permission. Incorrect or no use of equipment/development toys (if relevant)
C Identification of Clinical Signs	<ol style="list-style-type: none"> Identifies clinical signs that are present. Correctly interprets clinical signs that are present. 	<ol style="list-style-type: none"> Misses a few less important signs. Some minor errors in interpretation of signs. 	<ol style="list-style-type: none"> Misses one or more important clinical signs and/or describes non-existent signs/invents signs. Significant errors in interpretation of signs.
D1 Clinical Reasoning	<ol style="list-style-type: none"> Formulates & proposes likely appropriate differential diagnosis Understands implications of findings. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Incomplete differential diagnosis. Unsure about implications of findings. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Inappropriate &/or inadequate differential diagnosis offered. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. Unable to form coherent & sensible suggestions if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> Relevant investigations to appropriately address identified problems. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation. 	<ol style="list-style-type: none"> Investigations suggested don't fully address identified problems. Does not fully relate management plan to parental concerns. Some reference made to referral &/or escalation. 	<ol style="list-style-type: none"> Unable to suggest appropriate investigations. 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"> Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. Develops appropriate rapport with role-player. Puts at ease. Clarifies role & shared agenda. Appropriate tone & pace. 	<ol style="list-style-type: none"> Minor issues with level of confidence, body language & non-verbal skills. Develops reasonable level of rapport; could do more to engage role-player. Approach to clarifying role & agenda and tone & pace needs improvement. 	<ol style="list-style-type: none"> Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. Poor rapport or detached. Fails to put role-player at ease. 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"> Asks key relevant questions. Sensitively gathers appropriate information. Explores main problems/concerns of role-player in structured manner. 	<ol style="list-style-type: none"> Lacks some focus in exploring relevant lines of questioning. Information gathering lacking in sensitivity. Does not fully explore problems/ concerns of role-player. A little unstructured. 	<ol style="list-style-type: none"> Questions asked not relevant to the patient poorly understood by role-player. Information gathering approach is insensitive/inadequate Approach is haphazard/unstructured & does not consider/explore the problems/concerns of role-player
D1 Clinical Reasoning	<ol style="list-style-type: none"> Formulates & proposes likely appropriate differential diagnosis Understands implications of findings. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Incomplete differential diagnosis. Unsure about implications of findings. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Inappropriate &/or inadequate differential diagnosis offered. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. Unable to form coherent & sensible suggestions if exam inconclusive.
D2 Management Planning	<ol style="list-style-type: none"> Relevant investigations to appropriately address identified problems. Provides safe, ethical, effective management plan that relates to parental concerns including appropriate referral or escalation. 	<ol style="list-style-type: none"> Investigations suggested don't fully address identified problems. Does not fully relate management plan to parental concerns. Some reference made to referral &/or escalation. 	<ol style="list-style-type: none"> Unable to suggest appropriate investigations. 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"> Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. Develops appropriate rapport with role-player. Puts at ease. Clarifies role & shared agenda. Appropriate tone & pace. 	<ol style="list-style-type: none"> Minor issues with level of confidence, body language & non-verbal skills. Develops reasonable level of rapport; could do more to engage role-player. Approach to clarifying role & agenda and tone & pace needs improvement. 	<ol style="list-style-type: none"> Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. Poor rapport or detached. Fails to put role-player at ease. No clarification of role. Inappropriate tone & pace.
E2 Verbal & Listening Communication Skills	<ol style="list-style-type: none"> Applies active listening & displays interest toward role-player. Allows others opportunity to speak. Appropriate language used in challenging circumstances with any jargon explained. 	<ol style="list-style-type: none"> Not actively listening throughout the station; misses some subtle cues. Interrupts occasionally Language not fully tailored to subject with some jargon used. 	<ol style="list-style-type: none"> Does not listen/display interest in views of role-player. Misses cues; obstructive; inappropriate language. Interrupts repeatedly; dismisses concerns. 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"> Explains relevant, clinically accurate information. Information provided in a well-structured manner. Verifies understanding - summarises. 	<ol style="list-style-type: none"> Some inaccuracy/irrelevance in information given. Information provided lacking in some structure. Limited verification of understanding. 	<ol style="list-style-type: none"> Inaccurate, irrelevant information given. Information provided lacks structure. No verification of understanding.
E1 Communication Skills: Rapport & Communication Style	<ol style="list-style-type: none"> Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues. Develops appropriate rapport with role-player. Puts at ease. Clarifies role & shared agenda. Appropriate tone & pace. 	<ol style="list-style-type: none"> Minor issues with level of confidence, body language & non-verbal skills. Develops reasonable level of rapport; could do more to engage role-player. Approach to clarifying role & agenda and tone & pace needs improvement. 	<ol style="list-style-type: none"> Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident. Poor rapport or detached. Fails to put role-player at ease. No clarification of role. Inappropriate tone & pace.
E2 Verbal & Listening Communication Skills	<ol style="list-style-type: none"> Applies active listening & displays interest with role-player Allows others opportunity to speak Appropriate language used in challenging circumstances with any jargon explained. 	<ol style="list-style-type: none"> Not actively listening throughout the station; misses some subtle cues. Interrupts occasionally Language not fully tailored to subject with some jargon used. 	<ol style="list-style-type: none"> Does not listen/display interest in views of role-player. Misses cues; obstructive; inappropriate language. Interrupts repeatedly; dismisses concerns. Language not tailored to subject with an overreliance on jargon.
E3- Managing Concerns & agreeing next steps	<ol style="list-style-type: none"> Seeks, identifies, acknowledges, attempts to address concerns appropriately. Displays natural empathy with the role-player. Checks knowledge & understanding and agrees next steps. 	<ol style="list-style-type: none"> Some attempt to seek, identify, acknowledge or address concerns. Some attempt to empathise with the role-player Minimal checking of knowledge & understanding. Next steps not clear 	<ol style="list-style-type: none"> No attempt to seek, identify, acknowledge or address concerns. No significant attempt to empathise with the role-player 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"> Identifies clinical signs that are present. Correctly interprets clinical signs that are present. 	<ol style="list-style-type: none"> Misses a few less important signs. Some minor errors in interpretation of signs. 	<ol style="list-style-type: none"> Misses one or more important clinical signs and/or describes non-existent signs/invents signs Significant errors in interpretation of signs.
D1 Clinical Reasoning	<ol style="list-style-type: none"> Formulates & proposes likely appropriate differential diagnosis Understands implications of findings. Able to suggest appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Incomplete differential diagnosis. Unsure about implications of findings. Lacks confidence as to appropriate steps if exam inconclusive. 	<ol style="list-style-type: none"> Inappropriate &/or inadequate differential diagnosis offered. Lacks insight into implications of findings. Poor understanding/lack of knowledge with significant implications. Wrong & confident. Unable to form coherent & sensible suggestions if exam inconclusive.
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