

STANDARDS FOR ASSESSMENT: CLINICAL EXAMINATION STATION

Conduct of examination	A candidate will demonstrate:
	an understanding of the roles and responsibilities of paediatricians
	effective responses to challenge, complexity and stress in paediatrics
	effective skills in three-way consultation and examination
	an understanding of effective communication and interpersonal skills with children of all ages
	empathy and sensitivity and skills in engaging the trust of and consent from children and their families
	an understanding of equality and diversity in paediatric practice
	ethical personal and professional practice
Clinical Examination	
	effective skills in paediatric assessment
Discussion with examiners	
	skills in formulating an appropriate differential diagnosis in paediatrics
	effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate (<i>as outlined in the Framework of Competences for Level 1 in Paediatrics</i>)
	knowledge of the science- base for paediatrics (<i>as outlined in the Framework of Competences for Level 1 in Paediatrics</i>)
	knowledge of common and serious paediatric conditions and their management
	an understanding of growth, development, health and well-being in paediatrics

Please turn over for more detailed advice on how to interpret if a candidate has reached these standards

The final mark for each station is based upon the expert assessment of each candidate's performance, clinical ability and knowledge. These Anchor statements provide a list of the components which contribute to judging a candidates performance. The importance or relevance of the individual component will vary from station to station.

ANCHOR STATEMENTS: CLINICAL EXAMINATION STATION

Expected standard:	CLEAR PASS	PASS	BARE FAIL	CLEAR FAIL	UNACCEPTABLE
Conduct of examination	<p>Full greeting and introduction.</p> <p>Appropriate level of confidence. Appropriate pace without rush.</p> <p>Putting parent/child at ease.</p> <p>Talks and explains examination to child when appropriate. Manner and language adjusted to suit the child.</p>	<p>Adequate approach. A little slow or rushed.</p> <p>Child relaxed but not always engaged.</p> <p>Instructions appropriate for child.</p> <p>No major points of poor communication or approach.</p>	<p>Incomplete greeting and introduction.</p> <p>Inadequate identification of aims and objectives.</p> <p>Does not show appropriate level of confidence, empathetic nature or putting parent/child at ease.</p> <p>Failure to engage appropriately with child.</p>	<p>Approach not satisfactory in important area or on frequent occasions.</p> <p>Poor explanation to child of examination.</p> <p>Instructions to child poor.</p> <p>Does not engage child.</p>	<p>Dismissive of parent/child.</p> <p>Lack of civility or politeness. Rudeness or arrogance.</p> <p>Inappropriate manner including flippancy.</p> <p>No communication with child.</p> <p>No explanation of examination.</p>
Clinical Examination	<p>Well-structured and systematic examination.</p> <p>Fluent technique.</p> <p>Correctly identifies and interprets clinical signs. Knows whether signs found can be relied upon, and if not why.</p> <p>Displays overall clinical competence.</p>	<p>Majority of clinical skills demonstrated accurately eliciting the majority of physical signs correctly.</p> <p>May need some prompting and may be some lack of fluency.</p>	<p>Misses an important sign or it's interpretation but the rest is accurate.</p> <p>Too many minor errors.</p> <p>Examination technique not well structured.</p> <p>Poor fluency of approach.</p>	<p>Misses several important clinical signs or incorrect interpretation.</p> <p>Slow, uncertain unstructured, unsystematic examination.</p> <p>Describes non-existent findings.</p>	<p>Behavioural: Rough handling of child.</p> <p>Disregards child's distress or shyness or modesty.</p> <p>Describes non-existent findings confidently.</p> <p>Medical Knowledge / Competence: No apparent system or skill in clinical examination.</p> <p>Worryingly incompetent.</p>
Discussion with examiners	<p>Correct differential diagnosis.</p> <p>Suggests appropriate investigation and management. Able to suggest appropriate steps if examination incomplete or inconclusive.</p> <p>Understands implications of findings for child and family.</p>	<p>Correct diagnosis and reasonable discussion of differential and investigations.</p> <p>Main management issues dealt with.</p> <p>Main implications of findings covered.</p>	<p>Incorrect diagnosis or important errors in discussion of diagnosis and differential.</p> <p>Unable to discuss important aspects of management.</p> <p>Inappropriate confidence.</p>	<p>Errors suggest poor understanding or lack of knowledge with significant clinical implications.</p> <p>Confident and wrong.</p>	<p>Behavioural: Unable to discuss findings.</p> <p>Dismissive of discussion.</p> <p>Potentially dangerous interpretation.</p> <p>Medical Knowledge / Competence: Level of knowledge that questions medical qualification.</p> <p>Ignorant of important basic knowledge.</p>

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