

DO NOT WRITE IN THIS SHADED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

Developmental Station

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

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1	1	1	1
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 1

Case Reference

Special Circumstances

Conduct of Examination

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Assessment

Examination focussed on problem
Fluent systematic assessment
Use of equipment
Appropriate use of history (if applicable)

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Examiner

Summary of problems
Implications for child and family
Appropriate confidence in findings
Management planning

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Inappropriate use of tools/assessment aids (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

Communication A

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Scenario

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: **Station 2**

<u>Description of scenario</u>	<u>Special Circumstances</u>
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Conduct of Interview *Please mark here* →

Introduction, clarifies role
Agrees aims and objective
Rapport
Empathy and respect

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriate explanation and negotiation *Please mark here* →

Clear explanation, no jargon
Assesses prior knowledge of patient
Appropriate questioning style
Explores and responds to concerns and feelings
Summarises and checks understanding

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accuracy of information given *Please mark here* →

Appropriate selection of information
Accuracy of information

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Poor approach – Unstructured (please add additional comments)

Failure to deal with the set task (please add additional comments)

Lacking in empathy – failure to respond to verbal & non-verbal cues
(please add additional comments)

Factual inaccuracy (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**History Taking and
Management Planning**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Child
Present
Absent

Role Player
Used
Not used

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: **Station 3**

<u>Case Reference</u>	<u>Special Circumstances</u>

Conduct of the Interview *Please mark here* →

Good rapport with effective listening skills.
Appropriate involvement of the child if present.
Use of open and closed questions to gain adequate knowledge of the problem.

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

History Taking *Please mark here* →

Logical and structured exploration of the problem.
Relevant and focused past, perinatal, immunisation status and allergy history.
Appropriate exploration of family, social and psychological history.

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with the Examiner *Please mark here* →

Able to summarise problems with all relevant facts in two to three sentences.
Able to problem solve and deal with complexities.
Able to formulate detailed investigations (if necessary)/management plans with appropriate involvement of other professionals.
Knowledge of common and serious paediatric illness and relevant pharmacology.
Knowledge of implications for family and community.

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Poor approach & unstructured consultation (please add additional comments)

Lacking in sensitivity – failed to acknowledge parental concerns (please add additional comments)

Failed to elicit adequate focussed history (please add additional comments)

Failed to develop management plan along lines of best practice (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

Communication B

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4	4	4	4
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Scenario

<input type="text"/>	<input type="text"/>	<input type="text"/>
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1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
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Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 5

<u>Description of Scenario</u>	<u>Special Circumstances</u>
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Conduct of Interview *Please mark here* →

Introduction, clarifies role
Agrees aims and objective
Rapport
Empathy and respect

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriate explanation and negotiation *Please mark here* →

Clear explanation, no jargon
Assesses prior knowledge of patient
Appropriate questioning style
Explores and responds to concerns and feelings
Summarises and checks understanding

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accuracy of information given *Please mark here* →

Appropriate selection of information
Accuracy of information

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Poor approach – Unstructured (please add additional comments)

Failure to deal with the set task (please add additional comments)

**Lacking in empathy – failure to respond to verbal & non-verbal cues
(please add additional comments)**

Factual inaccuracy (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**Clinical Examination
Station – CVS**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

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4	4	4	4
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: **Station 6**

Case Reference

Special Circumstances

Conduct of Examination

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Examination

Structured, fluid technique
Identification, interpretation of clinical signs
Appropriate confidence in clinical findings
Demonstration of signs when asked

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Examiner

Differential diagnosis, investigation selection
Management planning
Implications for child and family

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs / Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**Clinical Examination
Station – Respiratory/Other**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 7

Case Reference	Special Circumstances
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Conduct of Examination *Please mark here* →

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Examination *Please mark here* →

Structured, fluid technique
Identification, interpretation of clinical signs
Appropriate confidence in clinical findings
Demonstration of signs when asked

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Examiner *Please mark here* →

Differential diagnosis, investigation selection
Management planning
Implications for child and family

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs / Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**Clinical Examination
Station – Abdominal/Other**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 8

Case Reference

Special Circumstances

Conduct of Examination Please mark here →

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Examination Please mark here →

Structured, fluid technique
Identification, interpretation of clinical signs
Appropriate confidence in clinical findings
Demonstration of signs when asked

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with examiner Please mark here →

Differential diagnosis, investigation selection
Management planning
Implications for child and family

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs / Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**Clinical Examination
Station –
Musculoskeletal / Other**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4	4	4	4
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: Station 9

Case Reference

Special Circumstances

Conduct of Examination

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Examination

Structured, fluid technique
Identification, interpretation of clinical signs
Appropriate confidence in clinical findings
Demonstration of signs when asked

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Examiner

Differential diagnosis, investigation selection
Management planning
Implications for child and family

Please mark here →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs / Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here:

DO NOT WRITE IN THIS SHADDED AREA

**Royal College of Paediatrics
and Child Health
MRCPCH Clinical Examination**

**Clinical Examination
Station – Neuro**

Date:	Time:	Age of child:
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Occasion used (1st, 2nd etc.):

CANDIDATE NUMBER

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CANDIDATE NAME

Please enter candidate number in the grid to the left and print name below

EXAMINER NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3	3	3	3
4	4	4	4
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EXAMINER NAME

Please enter examiner number in the grid to the right and print name below

Do not write in this shaded area

Degree of co-operation of child

Compliant

Hesitant

Unwilling

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION: **Station 10**

Case Reference	Special Circumstances

Conduct of Examination *Please mark here* →

Rapport, putting child at ease
Appropriate confidence and pace
Communication with the child

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Examination *Please mark here* →

Structured, fluid technique
Identification, interpretation of clinical signs
Appropriate confidence in clinical findings
Demonstration of signs when asked

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Examiner *Please mark here* →

Differential diagnosis, investigation selection
Management planning
Implications for child and family

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record your overall judgement of the candidate's performance

MARK FINAL GRADE HERE →

Clear Pass	Pass	Bare Fail	Clear Fail	Un-acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order that proper feedback is available for the candidate please print your comments on their overall performance on the reverse of this document.

Disorganised and unsystematic approach (please add additional comments)

Missed physical signs / Found physical signs not present (please add additional comments)

Poor time management (please add additional comments)

Inaccurate assessment/conclusion (please add additional comments)

Please add any additional comments here: