

## **Subspecialty of Paediatric Neurology**

### **Guidelines for Paediatric Neurology Subspecialty Exit Assessment (October 2024)**

#### **A. Areas of Assessment**

The assessment consists of 3 parts

##### (1) Dissertations

- (a) Two papers on topics related to Paediatric Neurology are required, one of which must be published or accepted for publishing by a peer-reviewed journal. One of the two papers the candidate submitted for assessment during the higher paediatric training exit assessment is acceptable.
- (b) The candidate must be the first author of both papers
- (c) An original thesis written for a postgraduate degree is not allowed
- (d) The papers are expected to be written up within the higher training or subspecialty training periods. For published papers, those which are accepted prior to the commencement of the higher training period cannot be submitted.
- (e) Candidates are advised not to submit more than 2 papers. If so, he / she would be required to choose only two papers for assessment.
- (f) Dissertation submitted after the deadline for application will not be accepted. Candidates who fail to submit the required number of dissertations will not be able to present themselves for the PN Subspecialty Exit Assessment.
- (g) If any one of the dissertations submitted by the candidate is considered as exceptionally unacceptable by the panel of the assessors, the candidate will fail the PN Subspecialty Exit Assessment irrespective of his / her overall score.

- (h) The candidate is expected to present and discuss their papers at the Exit Assessment. Such presentation and discussion will be subject to evaluation.

## (2) Clinical Competence

During this assessment a candidate will be examined on two case scenarios which are designed by the examination panel. Areas of assessment would include clinical history, examination, investigations, management, patient / parent counselling, pathophysiology, genetics and service related issues. There will be prescribed areas of examination and the examiners will be given guidelines on salient points that the candidate should be able to discuss and explain.

Candidates would be assessed on the approach to problem formulation and clinical management, more than on book-knowledge and minute details. They would be assessed on their clinical judgment and competence in dealing with clinical problems. This assessment may also include evaluation of medical-legal problems and ethical issues that are related to Paediatric Neurology.

## (3) Data Interpretation

Candidates would be assessed on the interpretation of 8 questions related to EEG, neurophysiological tests, laboratory tests, neuroradiological images and other clinical data that are relevant to Paediatric Neurology. These data for examination would be selected by the Examination Panel before the Exit Assessment. All candidates will be examined on the same set of questions.

**B. Format**

(1) Duration

There will be a 60 minutes oral examination. It will be divided into two segments of 30 minutes conducted by two separate panels of two examiners each. One panel of two examiners will examine on Clinical Competence, and another panel of two examiners will examine on Data Interpretation and the Dissertations.

(2) Assessors

Each candidate will be assessed by 4 assessors, among whom there is a senior assessor who will review the Subspecialty Training Program of the candidate.

(3) Schedule

Panel	Section	Duration
A	Clinical Competence	30 minutes
B	Data Interpretation Dissertations	30 minutes

### C. Marking

- (1) For the Clinical Competence Section, each candidate will receive an equivalent score (2, 4 ... to 12) converted from the total score of the clinical problems. Discretionary adjustment (+/- 5) may be added to the total score.
  
- (2) For the Data interpretation, each candidate will receive an equivalent score (from 1 to 12) converted from total score of the data interpretation questions. This year the data interpretation session has 8 questions and a total maximum score of 24 points for each examiner. The equivalent score of each examiner is derived by dividing the total score by 2, rounded up to the nearest integer.
  
- (3) For the Dissertation, each dissertation will be separately assessed and given a score by each of the two assessors of the section using the same scoring scale of 1 to 6. The mark on the section on dissertations will be the sum of the marks of all the two dissertations divided by 2, rounded up to the nearest integer.

Good Pass	6
Clear Pass	5
Bare Pass	4
Bare Fail	3
Clear Fail	2
Bad Fail	1

(4) Hence for the three sections the equivalent scores will be calculated as follows:

Clinical Competence Section			
	Total Score		Equivalent score
Assessor A	70		12 (a)
Assessor B	70		12 (b)
Section Total Full Score (a)+(b)			24 (c)
Data Interpretation Section			
Assessors C & D	48		12 (d)
Section Total Full Score (d)			12 (e)
Dissertations			
	Dissertation 1	Dissertation 2	
Assessor C	6	6	12 (f)
Assessor D	6	6	12 (g)
Section Full Score with Weighting Adjustment ((f) + (g))/2			12 (h)
Grand Total Full Score (c)+(e)+(h)			48

(5) Pass Mark

- (a) A candidate passes the Exit Assessment if he scores a total score of 30 or more out of the full score of 48, provided that a score of 14 or above is attained in the Clinical Competence section.
- (b) A candidate who scores 13 or less in the Clinical Competence section is considered to have failed the whole Paediatric Neurology Subspecialty Exit Assessment regardless of the total score.

## **Clinical Competence Examination Section**

### **Instructions to Examiners**

- (1) The section is 30 minutes and comprises of Two clinical cases and a set of questions. The required and suggested answers are provided. You should read the case history out for the candidate before asking the questions.
- (2) Please keep to the time. If a candidate takes too long to answer a question (especially when he is asked to list a number of answers), the examiner should move on to the next question while allowing the candidate to add to the previous answer later. (You may say: do not worry, let's move on and you might add to that answer later")
- (3) Do not prompt the candidate while they are listing their answers unless it is obvious that he has misunderstood the question.
- (4) In specific questions you are required to interact with the candidate (e.g. probing for clarification of the answers, asking for elaboration or the rationale of an answer). The interaction will be judged whether it is commensurate with the level of performance expected of a PN fellow who has completed three years of training
- (5) If the candidate has answered all questions before the 15 minutes is up, examiners may ask additional questions that are relevant to the clinical case. The answers to these additional questions will contribute to the discretionary adjustment the examiners wish to make toward the total score.
- (6) An examiner may add or deduct up to five points from the total score of the questions on his discretion. These adjustments should be made according to the quality of the discussion, the precision to the answers (e.g. the candidate gives seriously inappropriate answers or is guessing around) and the answers to the additional questions. After adjustments the total score should not exceed the maximum prescribed to that clinical case.

## **Clinical Competence Examination Section**

### **Instructions to Candidates**

- (1) You are provided with a writing pad. You are free to write down any information you need to help you respond.
- (2) Please pay attention to the request on answers (“as many as possible”, “one single most important” or “list according to priority or importance” etc). You will be corrected if you have obviously misunderstood the question.
- (3) Clarification or the rationale of your answers may be requested by the examiners when appropriate.
- (4) Please keep all questions confidential.