## MRCPCH CLINICAL EXAMINATION: CLINICAL STATIONS

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<th>Clinical Domain</th>
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</table>
| **B** Physical Examination    | 1. Well-structured, systematic exam technique.  
2. Appropriate care taken to adapt to needs of patient. Permission to examine sought.  
3. Appropriate use of equipment. | 1. Exam technique lacking some structure.  
2. Limited adaptation to meet needs of patient.  
2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission.  
3. Incorrect or no use of equipment. |
| C Identification of Clinical Signs | 1. Identifies clinical signs that are present.  
2. Correctly interprets clinical signs that are present. | 1. Misses a few less important signs.  
2. Some minor errors in interpretation of signs. | 1. Misses one or more important clinical signs.  
2. Significant errors in interpretation of signs. |
| D1 Clinical Reasoning         | 1. Formulates & proposes likely appropriate differential diagnosis  
2. Understands implications of findings.  
3. Able to suggest appropriate steps if exam inconclusive. | 1. Incomplete differential diagnosis.  
2. Unsure about implications of findings.  
3. Lacks confidence as to appropriate steps if exam inconclusive. | 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. |
| E1 Communication Skills: Rapport & Communication Style | 1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.  
2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.  
2. Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.  
3. Approach to clarifying role & agenda, (pace & tone) needs improvement. | 1. Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident  
2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.  
3. No clarification of role. Inappropriate tone & pace. |
### MRCPCH CLINICAL EXAMINATION: DEVELOPMENT STATION

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| A1 Information Gathering/History Taking | 1. Asks key relevant questions.  
2. Sensitively gathers appropriate information.  
3. Explores main problems/concerns of patient/parent/carer in structured manner. | 1. Lacks some focus in exploring relevant lines of questioning.  
2. Information gathering lacking in sensitivity.  
2. Information gathering approach is insensitive.  
3. Approach is haphazard/unstructured & does not consider/explore the problems/concerns of patient/parent/ carer. |
| B Physical Examination | 1. Well-structured, systematic exam technique.  
2. Appropriate care taken to adapt to needs of patient. Permission to examine sought.  
3. Appropriate use of equipment/development toys | 1. Exam technique lacking some structure.  
2. Limited adaptation to meet needs of patient.  
2. Poor adaptation to patient needs. Lack of care. No attempt to seek permission.  
3. Incorrect or no use of equipment/development toys |
| C Identification of Clinical Signs | 1. Identifies clinical signs that are present.  
2. Correctly interprets clinical signs that are present. | 1. Misses a few less important signs.  
2. Some minor errors in interpretation of signs. | 1. Misses one or more important clinical signs.  
2. Significant errors in interpretation of signs. |
| D1 Clinical Reasoning | 1. Formulates & proposes likely appropriate differential diagnosis.  
2. Understands implications of findings.  
3. Able to suggest appropriate steps if exam inconclusive. | 1. Incomplete differential diagnosis.  
2. Unsure about implications of findings.  
3. Lacks confidence as to appropriate steps if exam inconclusive. | 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 | 1. Relevant investigations to appropriately address identified problems.  
2. Provides safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation. | 1. Investigations suggested don’t fully address identified problems.  
2. Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. | 1. Unable to suggest appropriate investigations.  
2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / escalation. No clear relation to patient/parent/carer concerns. |
| E1 Communication Skills: Rapport & Communication Style | 1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.  
2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.  
2. Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.  
3. Approach to clarifying role & agenda, (tone & pace) needs improvement. | 1. Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident.  
2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.  
3. No clarification of role. Inappropriate tone & pace. |
## MRCPCH CLINICAL EXAMINATION: HISTORY TAKING & MANAGEMENT PLANNING STATIONS

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| **A1** Information Gathering/History Taking | 1. Asks key relevant questions.  
2. Sensitively gathers appropriate information.  
3. Explores main problems/concerns of patient/parent/carer in a structured manner. | 1. Lacks some focus in exploring relevant lines of questioning.  
2. Information gathering lacking in sensitivity.  
2. Information gathering approach is insensitive.  
3. Approach is haphazard/unstructured & does not consider/explore the problems/concerns of patient/parent/carer. |
| **D1** Clinical Reasoning      | 1. Formulates & proposes a likely appropriate differential diagnosis  
2. Understands implications of findings.  
3. Able to suggest appropriate steps if exam inconclusive. | 1. Incomplete differential diagnosis.  
2. Unsure about implications of findings.  
3. Lacks confidence as to appropriate steps if exam inconclusive. | 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     | 1. Relevant investigations to appropriately address identified problems.  
2. Provides a safe, ethical, effective management plan that relates to patient/parent/carer concerns including appropriate referral or escalation. | 1. Investigations suggested don’t fully address identified problems.  
2. Does not fully relate management plan to patient/parent/carer concerns. Some reference made to referral &/or escalation. | 1. Unable to suggest appropriate investigations.  
2. Inappropriate, unsafe or unethical management plan suggested. Inappropriate referral / unethical. No clear relation to patient/parent/carer concerns. |
| **E1** Communication Skills: Rapport & Communication Style | 1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.  
2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.  
2. Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.  
3. Approach to clarifying role & agenda, (tone & pace) needs improvement. | 1. Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident.  
2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.  
3. No clarification of role. Inappropriate tone & pace. |
| **E2** Verbal & Listening Communication Skills | 1. Applies active listening & displays interest with patient/parent/carer or colleagues.  
2. Allows others opportunity to speak.  
3. Appropriate language used in challenging circumstances with any jargon explained. | 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. | 1. Does not listen/display interest in views of patient/parent/carer or colleagues. 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

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| **A2** Information Sharing / Accuracy of Information | 1. Explains relevant, clinically accurate information.  
2. Information provided in a well-structured manner.  
2. Information provided lacking in some structure.  
3. Limited verification of understanding. | 1. Inaccurate, irrelevant information given.  
2. Information provided lacks structure.  
3. No verification of understanding. |
| **E1** Communication Skills: Rapport & Communication Style | 1. Appropriate level of confidence; greeting and introduction; professional; sensitive; appropriate body language; responds to verbal & non-verbal cues.  
2. Develops appropriate rapport with patient/parent/carer or colleague. Puts at ease.  
2. Develops reasonable level of rapport; could do more to engage patient/parent/carer or colleague.  
3. Approach to clarifying role & agenda, (tone & pace) needs improvement. | 1. Poor body language & non-verbal skills, unprofessional manner, insensitive or overconfident.  
2. Poor rapport or detached. Fails to put patient/parent/carer or colleague at ease.  
3. No clarification of role. Inappropriate tone & pace. |
| **E2** Verbal & Listening Communication Skills | 1. Applies active listening & displays interest with patient/parent/carer or colleagues.  
2. Allows others opportunity to speak  
3. Appropriate language used in challenging circumstances with any jargon explained. | 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. | 1. Does not listen/display interest in views of patient/parent/carer or colleagues. 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** | 1. Seeks, identifies, acknowledges, attempts to address concerns appropriately.  
2. Displays natural empathy with the patient/parent/carer or colleague.  
3. Checks knowledge & understanding and agrees next steps. | 1. Some attempt to seek, identify, acknowledge or address concerns.  
2. Some attempt to empathise with the patient/parent/carer or colleague.  
3. Minimal checking of knowledge & understanding. Next steps not clear | 1. No attempt to seek, identify, acknowledge or address concerns.  
2. No significant attempt to empathise with the patient/parent/carer or colleague.  
3. Didactic delivery. No clear attempt to check knowledge/understanding/next steps. False reassurances/promises given. |
### MRCPCH CLINICAL EXAMINATION: VIDEO STATIONS

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<td>2. Understands implications of findings.</td>
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<td>3. Able to suggest appropriate steps if exam inconclusive.</td>
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