

# ROYAL COLLEGE LONG CASE EXAMS

## Instructions for Examiners

### GENERAL POINTS:

- Examiners may NOT question the residents at any stage during the exam: this is NOT permitted!
- Examiners will be, kind, gentle and supportive during the process.
- The standard for a 'pass' is acceptable competence of a general pediatric consultant, not excellence.
- During the first hour (STRICT 60 MINS) the examiner is expected to observe and document the resident's history and physical examination.
  - The objective is for the resident to perform a comprehensive yet appropriately focused history and physical examination.
  - The examiner will remain silent and not mislead the resident through inappropriate encouragement or disapproval of answers.
  - The examiner should refrain from interacting with the patient, family and resident throughout the history & physical examination.
- All elements need to be covered in the history including social issues, parent coping, and a general systems review.
- The patient/parent must be approached with sensitivity.
  
- The examiner should assist in ensuring that there are no disruptions during the examination, especially if the examination occurs on the ward.
- All appropriate equipment should be available to the candidate during the examination without delay: BP cuff, otoscope + tips, ophthalmoscope, tongue depressors, gowns/drapes, writing materials. Candidates will provide their own stethoscope and reflex hammer.
- The height and weight are usually provided to the resident at the start of the examination, in addition to an appropriate blank growth chart. The resident should incorporate these into their summary of the patient issues to the examiners.

### **PART 1 (60 minutes) - Clinical Interaction**

- The patient/parent are placed in the examination room with a reminder to answer all questions and treat the candidate as if he/she were the child's new pediatrician.
- The examiner will get the candidate, briefly review the procedure and offer to tell him/her the time elapsed at up to two points during the examination, if so desired.
- The candidate will be provided with the name, age and sex of the patient prior to the examination.
- The examiner will introduce the candidate to the patient/parent and sit out of the line of view.
- The examiner will carefully observe and document what the candidate does and says.
- The candidate will be notified at requested time(s). The candidate will be given an extra few minutes if the examiner forgets to notify the candidate.
- If candidate finishes early, patient may be excused but must remain available for the full hour.
- If a disruption (toilet, emesis etc) occurs, the lost time will be added to the hour.
- The candidate will be stopped at 60 min, and the patient/parent excused.

### **PART 2 (10 minutes) – Candidate preparation**

- The candidate is allotted extra time (10 minutes) to prepare a summary of the presentation, following the initial 60 minute period.
- The examiners may leave the room to allow the candidate uninterrupted time to collect their thoughts and prepare a summary for presentation.

### **PART 3 (10 minutes) - Presentation of Case Summary and Problem List**

- The examiner will begin by asking the candidate to “present a concise summary of the patient including a prioritized problem list, in ten minutes or less”.
- It will be made clear that if the presentation is not complete in the allocated time it will be stopped. This tests the true ability of a consultant pediatrician to summarize succinctly. **The presentation is stopped at 10 minutes.**
- A problem list (1 minute) will be requested if not included in the presentation.

## **PART 4 - Evaluation of Candidate**

- A summary of the candidate's performance is prepared by each examiner independently, using the YELLOW FORM provided.
- This is subdivided into:
  - Interviewing
  - History Taking
  - Physical Examination.
  - Presentation of Case Summary
  - Overall Performance
- The evaluation form is a guide for the examiner and not meant to be a checklist scoring system. Residents are advised to take a problem based comprehensive organized history and perform a problem based physical rather than attempting to get all the check points on the evaluation form.
- For each component the candidate is given a Satisfactory/Borderline/Unacceptable and then a combined overall mark.
- If there is discrepancy between examiner impressions at the end of the examination, a discussion will be held with an independent faculty present.
- The candidate will be notified of their result as soon as possible, and the examiners written comments/feedback will be provided and discussed at the candidate's request.