



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8

ASSESSMENT OF HISTORY AND PHYSICAL EXAMINATION SKILLS IN PEDIATRICS

(Please Print)

Resident: _____ University: _____

Patient Characteristics (Age/Sex) _____ Start: _____ Finish: _____

Patient's Problem(s): _____

INTERVIEWING

Did the resident:

	<i>Yes</i>	<i>Borderline</i>	<i>No</i>	<i>N/A</i>
Introduce him/herself and explain the situation, use patient's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attempt to establish rapport with parent and child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct questions when appropriate to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use words that are easily understood; avoid medical jargon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask open-ended questions in history-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask specific closed questions when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listen attentively to patient/parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Display empathy and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Display awareness of and respond to family's concerns / agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have acceptable non-verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Close the interview appropriately: summary, parents' concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rate this resident's interviewing skills "at the level of a consultant general pediatrician" :

- Satisfactory - meets expectations
- Borderline (* comment required)
- Unacceptable - below expectations (* comment required)

Comments: _____



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

HISTORY-TAKING

Did the resident obtain a pertinent history including the following:

	<i>Yes</i>	<i>Borderline</i>	<i>No</i>	<i>N/A</i>
<i>Present Illness</i>				
Chief complaint(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Onset of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thorough description of chief complaint(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Symptoms associated with chief complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Progress through the course of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family's management of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Define current status of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contact with medical personnel: tests, treatment offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For an infectious disease: possible contacts, day care, travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family History</i>				
Parents' age, consanguinity, health/illness relevant to child's illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siblings: sex, age, health and illness relevant to child's illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other extended family illness as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mother's Pregnancy, Birth, Newborn Period</i>				
Mother's health during pregnancy, illness, drugs, alcohol, cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth weight, gestational age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal problems: jaundice, cyanosis / respiratory problems, seizures, birth anomalies, low Apgar score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Infancy</i>				
Infant feeding (breast, formula, solids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping problems, colic, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Development</i>				
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Immunizations</i>				
Routine immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

	<i>Yes</i>	<i>Borderline</i>	<i>No</i>	<i>N/A</i>
<i>Past Illness</i>				
Past illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations / operations / injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Functional Inquiry / Review of Systems</i>				
Appropriate and comprehensive review of systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organized review of systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Psycho-Social</i>				
Parents' occupations, family living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug or alcohol abuse, smoking in child / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impact of the illness on the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impact of the illness on the child's activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School progress, activities, interests of the child, peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk-taking and sexual behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific concerns of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall History-taking * A **No** or **Borderline** rating in any of the following items in this section constitutes *borderline / unacceptable*, PLEASE COMMENT BELOW.

The primary concerns of the patient / family, prioritization of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overview of the problem in context to the child and family's life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient information to adequately manage the major problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's history-taking "**at the level of a consultant general pediatrician**":

- Satisfactory - meets expectations
- Borderline (* comment required)
- Unacceptable - below expectations (* comment required)

Comments: _____



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

PHYSICAL EXAMINATION

Did the resident perform a physical exam that included:

	<i>Yes</i>	<i>Borderline</i>	<i>No</i>	<i>N/A</i>
General				
Wash hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain height/length, weight, head circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain vital signs: pulse, respiratory rate, blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pause to observe the whole child: activity, appearance, hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head and Neck Exam				
Head size, shape, fontanelles, scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye movements, abnormalities, ophthalmoscopic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ears - otoscopic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth, teeth, palate, pharynx, nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palpate neck for cervical lymph nodes, thyroid gland, masses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory System				
Observation of chest size, shape, movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auscultation of chest - comparing both sides; front and back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Percussion of chest - diaphragm levels, both sides, front and back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-Vascular System				
Peripheral exam — femoral pulses, clubbing, capillary refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palpate precordium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auscultate four areas of precordium and back when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal Exam				
Observe size, distention, shape and look for abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gentle palpation for tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specific palpation for liver, spleen, kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specific palpation for other masses, ascites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auscultation of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percussion of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation / examination of external genitalia, for herniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate the need for a rectal examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

	Yes	Borderline	No	N/A
<i>Extremities</i>				
Observe for any deformities, obvious joint abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine relevant joints for swelling, tenderness, range of movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine hips for congenital dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test for scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Skin Exam</i>				
Observe overall skin for lesions or abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Neurologic Exam</i>				
Assess cranial nerves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess level of consciousness and cognitive ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assess appropriate motor power, tone, coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assess reflexes / symmetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess vision, hearing, sensation as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe balance, stance, gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Developmental Assessment</i>				
Assess developmental and cognitive skills, to corroborate history from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Physical Examination* A **No or Borderline** rating in any of the following items in this section constitutes *borderline / unacceptable*, PLEASE COMMENT BELOW.

A focused, thorough, problem oriented physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunistic flexible approach in examining the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate exam for time, situation and parent/child comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of child, age appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct physical examination maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's physical examination skills "at the level of a consultant general pediatrician":

- Satisfactory - meets expectations
- Borderline (* comment required)
- Unacceptable - below expectations (* comment required)

Comments: _____



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

PRESENTATION OF CASE SUMMARY

AND PROBLEM LIST (10 minutes)

Did the resident :

Present accurate data from history and physical examination

Yes

Borderline

No

N/A

Present succinctly the important positive and negative points

Present a complete problem list

Present a prioritized problem list

Present a good evaluation of the child's problem

with a differential diagnosis of the major problem where applicable

Rate this resident's presentation and discussion **"at the level of a consultant general pediatrician"**:

Satisfactory - meets expectations

Borderline * *comment required*

Unacceptable - below expectations * *comment required*

Comments: _____



The Royal College of Physicians and Surgeons of Canada

774 Echo Drive, Ottawa , Ontario , Canada K1S 5N8

Overall

Did the resident demonstrate any errors of omission or commission that would:

- (i) endanger the child or put the child at risk (i.e. being physically rough with the child or leave the child unattended)
- (ii) compromise the relationship with the child (i.e. being rude or disrespectful, not paying attention to the modesty of the child)
- (iii) compromise the relationship with the parent (i.e. being disrespectful of the parent, making inappropriate sexual, racial or judgmental comments)
- (iv) lead to an incorrect or inadequate assessment of the child's pediatric problems (i.e. missing a major abnormality on history or physical examination)

No

Yes (*Comment required)

Comments:



OVERALL EVALUATION

Rate this resident's performance "at the level of a consultant general pediatrician":

- Meets expectations Below expectations

Comments: _____

Strengths: _____

Weaknesses: _____

Observer (1) *(Please Print)*

(Signature)

Observer (2) *(Please Print)*

(Signature)

This is to attest that I have read this assessment

Resident *(Signature)*

Date