Pediatric In Training
History And Physical Examination Assessment

PREAMBLE

The requirement for Pediatric residency training programs to perform and document by observation an assessment of each resident's history and physical examination (HPE) abilities is in response to the following:

a) the major importance of HPE in the day-to-day activities of Pediatricians
b) the necessity to insure that HPE skills are rigorously evaluated during Pediatric training
c) the necessity of eliminating non-standardized patients from the Royal College of Physicians and Surgeons of Canada (RCPSC) Pediatric examination leading to Certification
d) the impracticality and ethical difficulties of using young children as standardized patient
e) the value of detailed information on HPE to be included with the specialty-specific Final In-Training
   Evaluation Report (FITER) and Core In-Training Evaluation Report (CITER)
f) the need to have the same assessment and examination process for all residents (French and English)

INTRODUCTION

By using standardized form the Pediatric residency programs will ensure that the resident's history and physical examination abilities are assessed in an organized manner. Each assessment will be observed and evaluated by two assessors which may be members of the Pediatric Examination Board or Examination Committee or its subcommittees, and/or should be familiar with the examination process (former examiner, completion of a RCPSC workshop or similar activity). Each Department of Pediatrics will be responsible for selecting, as assessors, a cadre of Pediatricians who will be appointed for a three-peat renewable term. One of the assessors will be familiar with the patient while the other will have no knowledge of the patient.

The complexity of patient problems should represent the type of patients that are under the care of consultant general Pediatricians. The standard to be used is the acceptable competency level expected of a consultant general Pediatrician functioning in a community setting such as a mid-sized city without a tertiary Pediatric centre.

PROCESS

A period of 60 minutes will be allotted to the resident to perform an appropriately focused yet comprehensive history and physical examination. This will be followed by a five minute period to allow the resident to prepare a case presentation. The case summary and a prioritized patient problem list will be presented by the resident in a ten minute period.

Each assessor will independently evaluate by observation the resident's performance. The assessment form should be completed and signed by the two assessors and the resident. The assessment form will be submitted to the RCPSC with the Final In-Training Evaluation Report (FITER) will be retained in the resident's file.

Pediatric History and Physical Examination

A mastery learning approach will be used in which a resident may repeat the assessment until a satisfactory performance is achieved. Assessments will occur in the second half of the third core year of training and must be successfully completed before the completion of the fourth and final year of required residency training.

Candidates not trained in Canada but whose training has been approved by the RCPSC will be assessed by their home program using the assessment forms which will later be included with the FITER.

METHOD

1. **Patients must be:**
   - selected by the program
   - having at least one major medical problem (no more than three major medical and/or social problems) of a complexity sufficient to require care by a consultant general Pediatrician
   - known to only one of the assessors unknown (unfamiliar) to the resident
   - able to provide a reliable history or be accompanied by an individual who may provide the patient history.

2. **Assessors must be:**
   - familiar with the assessment process and understand the acceptable competency level expected of a consultant general Pediatrician
   - selected by the Department of Pediatrics in each University
   - aware of the examination process leading to Certification
   - appointed by the Department of Pediatrics for a three-year renewable term
   - Pediatricians other than the Program Director.

3. **Residents will:**
   - be under observation by two assessors while taking the history and performing the physical examination
   - have a maximum of 60 minutes to perform the history and physical examination (additional time may be allotted only if an interruption occurred during the 60 minutes)
   - be given five minutes to prepare for the case presentation - present within a ten minute period a case summary and a prioritized patient problem list including a limited differential diagnosis, where applicable, for only the major problem.

4. **Standardized documentation forms will be:**
   - completed by the two assessors
   - signed by the two assessors and the resident
   - included with the FITER and/or CITER and submitted to the Royal College.

5. Assessments will:

- be scheduled in advance and, when possible, will occur at a prearranged time and place
- occur in the second half of the third core year of training and may be repeated until a satisfactory
- performance is achieved (mastery learning)
- be successfully completed before the completion of the fourth and final year of required residency training.

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Assessment of History and Physical Examination Skills in Pediatrics

(Please Print)

Resident:_____ **University:** **Western University**

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

Patent's Problem(s): _____

_____

INTERVIEWING

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

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: _____

_____

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_____

HISTORY-TAKING

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

	YES	BORDERLINE	NO	N/A
Past Illness				
Past illness	❑	❑	❑	❑
Allergies	❑	❑	❑	❑
Medications	❑	❑	❑	❑
Hospitalizations/operations/injuries	❑	❑	❑	❑
Functional Inquiry /Review of Systems				
Appropriate and comprehensive review of systems	❑	❑	❑	❑
Organized review of systems	❑	❑	❑	❑
Psycho-Social				
Parents' occupations, family living situation	❑	❑	❑	❑
Drug or alcohol abuse, smoking in child / family	❑	❑	❑	❑
Impact of the illness on the family	❑	❑	❑	❑
Impact of the illness on the child's activities of daily living	❑	❑	❑	❑
School progress, physical and social activities, interests, peer relationships	❑	❑	❑	❑
Risk-taking, and sexual behaviours nutrition and eating habits	❑	❑	❑	❑
Specific concerns of the family	❑	❑	❑	❑

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	❑	❑	❑
An overview of the problem in context to the child and family's life	❑	❑	❑
Sufficient information to adequately manage the major problems	❑	❑	❑

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: _____

_____

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_____

PHYSICAL EXAMINATION

	YES	BORDERLINE	NO	N/A
Did the resident perform a physical exam that included:	☐	☐	☐	☐
General	☐	☐	☐	☐
Wash hands	☐	☐	☐	☐
Obtain height/length, weight, head circumference	☐	☐	☐	☐
Obtain vital signs: pulse, respiratory rate, blood pressure	☐	☐	☐	☐
Pause to observe the whole child: activity, appearance, hydration	☐	☐	☐	☐
Head and Neck Exam	☐	☐	☐	☐
Head size, shape, fontanels, scalp	☐	☐	☐	☐
Eye movements, abnormalities, ophthalmoscopic exam	☐	☐	☐	☐
Ears - otoscopic exam	☐	☐	☐	☐
Mouth, teeth, palate, pharynx, nose	☐	☐	☐	☐
Palpate neck for cervical lymph nodes, thyroid gland, masses	☐	☐	☐	☐
Respiratory System	☐	☐	☐	☐
Observation of chest size, shape, movement	☐	☐	☐	☐
Ausculation of chest - comparing both sides; front and back	☐	☐	☐	☐
Percussion of chest - diaphragm levels, both sides, front and back	☐	☐	☐	☐
Cardio- Vascular System	☐	☐	☐	☐
Peripheral exam -femoral pulses, clubbing, capillary refill	☐	☐	☐	☐
Palpate precordium	☐	☐	☐	☐
Auscultate four areas of precordium and back when appropriate	☐	☐	☐	☐
Abdominal Exam	☐	☐	☐	☐
Observe size, distention, shape and look for abnormalities	☐	☐	☐	☐
Gentle palpation for tenderness	☐	☐	☐	☐
Specific palpation for liver, spleen, kidneys	☐	☐	☐	☐
Specific palpation for other masses, ascites	☐	☐	☐	☐
Auscultation of abdomen	☐	☐	☐	☐
Percussion of abdomen	☐	☐	☐	☐
Observation/examination of external genitalia, for herniae	☐	☐	☐	☐
Indicate the need for a rectal examination	☐	☐	☐	☐
Extremities	☐	☐	☐	☐
Observe for any deformities, obvious joint abnormalities	☐	☐	☐	☐
Observe gait	☐	☐	☐	☐
Examine relevant joints for swelling, tenderness, range of movements	☐	☐	☐	☐
Examine hips for congenital dysplasia	☐	☐	☐	☐
Test for scoliosis	☐	☐	☐	☐
Skin Exam	☐	☐	☐	☐

	YES	BORDERLINE	NO	N/A
Observe overall skin for lesions or abnormalities	☐	☐	☐	☐
Neurologic Exam	☐	☐	☐	☐
Assess cranial nerves	☐	☐	☐	☐
Assess level of consciousness and cognitive ability	☐	☐	☐	☐
Assess appropriate motor power, tone, coordination	☐	☐	☐	☐
Assess reflexes / symmetry	☐	☐	☐	☐
Assess vision, hearing, sensation as appropriate	☐	☐	☐	☐
Observe balance, stance, gait	☐	☐	☐	☐
Developmental Assessment	☐	☐	☐	☐
Assess developmental and cognitive skills, to corroborate history from parent	☐	☐	☐	☐

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	☐	☐	☐
Opportunistic flexible approach in examining the child	☐	☐	☐
Appropriate exam for time, situation and parent/child comfort	☐	☐	☐
Respectful of child, age appropriate	☐	☐	☐
Correct physical examination maneuvers	☐	☐	☐

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:_____

_____

_____

_____.

PRESENTATION OF CASE SUMMARY AND PROBLEM - (10 minutes)

	YES	BORDERLINE	NO	N/A
Did the resident :	☐	☐	☐	☐
Present accurate data from history and physical examination	☐	☐	☐	☐
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 of case summary skills **"at the level of a consultant general pediatrician"**:

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

Comments:_____
_____
_____
_____

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:_____
_____
_____
_____

Identification Number: _____ 160

OVERALL EVALUATION

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

☐ Meets expectations ☐ Below expectations

Comments: _____

_____

_____

_____

Strengths: _____

_____

_____

_____

Weaknesses: _____

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_____

_____

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_____ _____

Observer (1) *(Please Print)* *(Signature)*

_____ _____

Observer (2) *(Please Print)* *(Signature)*

This is to attest that I have read this assessment

_____

Resident (Signature)

_____

Date