

GUIDELINES FOR ASSESSMENT OF HISTORY-TAKING AND PHYSICAL EXAMINATION SKILLS IN PEDIATRIC CARDIOLOGY TRAINING PROGRAMS

Introduction:

Effective 2005 the format of the Royal College examination in Pediatric Cardiology will change to meet the guidelines set by the Evaluation Committee. The new examination format will eliminate the traditional “long” and “short” case clinical encounters, which will be replaced by a new OSCE examination containing multiple stations. These stations will include structured orals (“case scenarios”) and standardized patients. Trainees will be required to perform a satisfactory observed history and physical examination during a patient encounter in the final year of their training. Certification by the Program Director that this has been accomplished is necessary in order for the trainee to be eligible for the examination. This certification forms part of the completed trainee FITER and will be forwarded to the College as part of the FITER document.

Requirements and process:

1. The assessment is to be performed during the final year of training. Trainees who fail to demonstrate a satisfactory level of performance must repeat the procedure until this has been attained. Each repeat assessment should be performed by a different evaluator.
2. The assessment is to be conducted by two faculty members selected by the Program Director. The Program Director must not perform the assessment personally neither members of the exam committee. Where feasible, Program Directors are encouraged to employ visiting cardiology faculty from other universities/programs for this purpose.
3. The patient chosen should be clinically stable, the patient or family should be able to give informed consent and be reasonably representative of a common cardiovascular disease process. The Program Director should either select or approve the patient to be used for the assessment process.
4. The trainee will be allocated up to 45 minutes to obtain the history and perform a physical examination. A further 45-60 minutes will be devoted to case presentation by the trainee, synthesis, analysis, review of documents and development of initial management plan. One examiner will observe and both examiners will evaluate the skills demonstrated using the standardized scoring sheet provided.
5. At the completion of the assessment the trainee will be asked to review and sign the evaluation form. The Program Director will retain a copy for the trainee’s file and forward the complete original along with the remainder of the completed FITER to the Royal College.

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ASSESSMENT OF HISTORY AND PHYSICAL EXAMINATION SKILLS IN PEDIATRIC CARDIOLOGY

(Please Print)

Resident : _____ University : _____

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

Patient's Problem(s) : _____

INTERVIEWING (15 points)

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="radio"/>	<input type="radio"/>		
Attempt to establish rapport with parent and child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Direct questions when appropriate to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use words that are easily understood, avoid medical jargon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ask open-ended questions in history-taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ask specific closed questions when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Listen attentively to patient/parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Display empathy and sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Display awareness of and respond to family's concerns/agenda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Have acceptable non-verbal communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Close the interview appropriately: summary, parent's concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Rate this resident's interviewing skills **"at the level of a consultant in Pediatric Cardiology"**

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

Comments:

HISTORY-TAKING (15 points)

Did the resident obtain a pertinent history including the following:

	Yes	Bordeline	NO	N/A
Cardiac condition (7 points)				
Date of diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Symptoms associated with cardiac condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Evolution through the course of the disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment, catheterization/surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Impact of the cardiac condition, development, growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Family History (1 point)				
Parent's age, consanguinity, health/illness relevant to child's condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Siblings: sex, age, health and illness relevant to child's condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other extended family condition as appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's Pregnancy, Birth, Newborn Period (1 point)				
Mother's health during pregnancy, illness, drugs, alcohol, cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth weight, gestational age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neonatal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric history (1 point)				
Infant feeding (breast, formula, solids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hospitalizations / operations / injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Functional Inquiry / Review of Systems (1 point)

Appropriate and comprehensive review of systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized review of systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Psycho-Social (3 points)

Parents' occupations, family living situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Drug or alcohol abuse, smoking in child / family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Impact of the illness on the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Impact of the illness on the child's activities of daily living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School progress, activities, interests of the child, peer relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk-taking and sexual behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific concerns of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Overall History-taking * A No or Borderline rating in any of the following items in this section constitutes <i>borderline / unacceptable</i> , PLEASE COMMENT BELOW.			
The primary concerns of the patient / family, prioritization of problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An overview of the problem in context to the child and family's life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient information to adequately manage the major problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate this resident's history-taking «at the level of a consultant in pediatric cardiology»:

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

Comments: _____

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

Rate this resident's physical examination skills «at the level of a consultant in pediatric cardiology»:

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

Comments: _____

PROBLEM FORMULATION AND MANAGEMENT (40 points)

Did the resident :

Yes Borderline NO N/A

Problem formulation (15 points)

Present accurate data from history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Present accurate data from physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Present succinctly the important positive and negative points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Present a good evaluation of the child's problem with a differential diagnosis of the major problem where applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Investigation (10 points)

Present a good approach to investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpret accurately the data presented				
Electrocardiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Echocardiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
X-Ray – Scan - MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemodynamic data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did the resident present a good description of management including:

<i>Management</i> (15 points)	Yes	Borderline	NO
Disease process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both short and long term management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultant's involvement (appropriateness both to disease process and patient), own expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invasive therapy (interventional catheterism and/or surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy: Appropriateness, Effectiveness, Efficacy, Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate this resident's presentation and discussion «at the level of a consultant pediatric cardiologist»:

- 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 cardiologic 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 in pediatric cardiology«:

- 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

OVERALL PERFORMANCE

Pediatric Cardiology In-Training History and Physical Examination (HPE) Assessment*.

Name: _____ University: _____

This resident completed the standardised assessment of history-taking, physical examination and synthesis of a patient's problems. A complete record is in the resident's file. The following is a summary of the overall performance with comments on strengths and weaknesses summarized by the program director.

Overall Performance Satisfactory** Below Expectations

Strengths:

Weaknesses :

(Print name of the program director)

Date

Signature of the program director

Resident's signature

****Passing Marks 70%**

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