ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Assessment of History and Physical Examination Skills in Pediatrics

(Please Print)

Resident:_____ **Date:**_____

University:_____ **Start:**_____ **Finish:**_____

Patient Characteristics (Age/Gender):_____

Patient'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: _____

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved.
Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo, July 2019
This document may be reproduced for educational purposes only provided that the following phrase is included in all related materials: *Copyright © 2006 The Royal College of Physicians and Surgeons of Canada. Referenced and produced with permission.* Please forward a copy of the final product to the Office of Education, attn: Associate Director. Written permission from the Royal College is required for all other uses. For further information regarding intellectual property, please contact: documents@royalcollege.ca. For questions regarding the use of this document, please contact: credentials@royalcollege.ca.

Identification Number: _____

HISTORY-TAKING

	YES	BORDERLINE	NO	N/A
Did the resident obtain a pertinent history including the following:				
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	☐	☐	☐	☐

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo, July 2019

Identification Number: _____

Past Illness	YES	BORDERLINE	NO	N/A
Past illness	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Medication	☐	☐	☐	☐
Hospitalizations/ operations/injuries	☐	☐	☐	☐
Functional Inquiry/Review of Systems				
Appropriate and comprehensive review of systems	☐	☐	☐	☐
Organized review of systems	☐	☐	☐	☐
Pyscho-Social	☐	☐	☐	☐
Parent's 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, sexual behaviors, 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.*

	YES	BORDERLINE	NO
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:

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo, July 2019

Identification Number: _____

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	☐	☐	☐	☐
Auscultation 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	☐	☐	☐	☐

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo, July 2019

Identification Number: _____

	YES	BORDERLINE	NO	N/A
Observe gait	☐	☐	☐	☐
Examine relevant joints for swelling, tenderness, range of movements	☐	☐	☐	☐
Examine hips for congenital dysplasia	☐	☐	☐	☐
Test for scoliosis	☐	☐	☐	☐
Skin Exam				
Observe overall skin for lesions and 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	☐	☐	☐	☐
Development 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.

	YES	BORDERLINE	NO
A focused, thorough, problem-oriented physical exam	☐	☐	☐
Opportunistic flexible approach in examining the child	☐	☐	☐
Appropriate exam for time, situation and parent/child comfort	☐	☐	☐
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:

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo, July 2019

Identification Number: _____

PRESENTATION OF CASE SUMMARY AND PROBLEM (10 minutes)

Did the resident:	YES	BORDERLINE	NO	N/A
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 case summary skills "**at the level of a consultant general pediatrician**":

□ 1 □ 2 □ 3 □ 4

☐ 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 (e.g. being physically rough with the child or leave the child unattended)
ii. compromise the relationship with the child (e.g. being rude or disrespectful, not paying attention to the modesty of the child)
iii. compromise the relationship with the parent (e.g. 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 (e.g. missing a major abnormality on history or physical examination)

☐ **NO** ☐ ☐ **YES** *(*Comment required)*

Comments: _____

_____

_____

_____

_____

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015 . Reformatted by J. Stoffman /K. Borromeo July 2019

Identification Number: _____

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

In order to make the STACER experience better, please give us a feedback on how your STACER went. I.e. scheduling, patient selected, examiners selected

_____

_____

_____

© 2006 The Royal College of Physicians and Surgeons of Canada. All rights reserved Reformatted by K. Gripp, July 2015. Reformatted by J. Stoffman /K. Borromeo July 2019