

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.