

MBBS III – COM, Department of Paediatrics and Child Health
Paediatrics End of Attachment Examination – Marking sheet Clinical Examination

Student Name _____ Student Number _____

Abdominal System Examination

For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.

Opening statement: Please can you perform an abdominal system examination of this child.

	1	½	0	Comments
Introduction				
Introduces self (1)				
General Inspection				
“End of bed” and Nutritional status (1)				
Inspects hands (clubbing, koilonychia, leuconychia, palmar erythema) (1)				
Inspects mouth, face, eyes (½)				
Jaundice (½)				
Pallor (½)				
Lymphadenopathy (½)				
Abdominal Inspection				
Child lying flat, abdomen exposed (1/2)				
Inspects abdomen (scars etc.) (1/2)				
Abdominal Palpation				
Asks about pain (1/2)				
Observes face whilst palpating (1/2)				
Light palpation throughout abdomen (1)				
Deep palpation throughout abdomen (1)				
Palpates for Liver (1)				
Palpates for Spleen (1/2)				
Palpates for Kidneys (1/2)				
Abdominal Percussion				
Percussion Liver/Spleen (1/2)				
Percussion for Shifting dullness (1/2)				
Fluid thrill (½)				
Abdominal Auscultation				
Auscultates for bowel sounds (½)				
Asks about hernias (½)				
Asks about rectal exam (½)				
For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets				
Clinical Assessment (2)				
Correctly identifies abnormal/normal findings				
Overall approach (4)				
Structured, systematic Engages child/parent				
TOTAL (20)				

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Respiratory System Examination

For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.

Opening statement: Please can you perform a respiratory system examination of this child.

	1	1/2	0	Comments
Introduction				
Introduces self (1)				
General Inspection				
“End of bed” and General condition (1)				
Counts Respiratory Rate (1/2)				
Counts correct resp rate (1/2)				
Hands (1/2)				
Clubbing (1/2)				
Pallor (1/2)				
Cyanosis (1/2)				
Lymphadenopathy (1/2)				
Respiratory Inspection				
Exposes chest, sits child up (1/2)				
Looks for Respiratory distress (1/2) *				
Intercostal recession (1/2)				
Subcostal recession (1/2)				
Nasal flaring (1/2)				
Tracheal tug (1/2)				
Use of accessory muscles (1/2)				
Inspects (scars, chest shape, expansion) (1/2)				
Respiratory Palpation				
Trachea (1/2)				
Chest expansion (1/2)				
Respiratory Percussion				
Percusses throughout both lung fields (1/2)				
Creates correct percussion note (1/2)				
Respiratory Auscultation				
Auscultates anteriorly (1)				
Auscultates posteriorly (1)				
Vocal resonance (1/2)				
* Examiner should prompt candidate if type of recession unspecified – “What problems are you looking for?”				
For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets				
Clinical Assessment (2)				
Correctly identifies abnormal/normal findings				
Overall approach (4)				
Structured, systematic				
Engages child/parent				
TOTAL (20)				

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Cardiovascular System Examination

For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.

Opening statement: Please can you perform a cardiovascular system examination of this child.

	1	$\frac{1}{2}$	0	Comments
Introduction				
Introduces self ($\frac{1}{2}$)				
General Inspection				
“End of bed” and General condition (1)				
Hands including clubbing ($\frac{1}{2}$)				
Cyanosis ($\frac{1}{2}$)				
Pallor ($\frac{1}{2}$)				
Checks pulse and measures rate ($\frac{1}{2}$)				
Pulse rhythm and volume ($\frac{1}{2}$)				
JVP ($\frac{1}{2}$)				
Cardiovascular Inspection				
Child lying 45 degrees chest exposed ($\frac{1}{2}$)				
Inspects chest (visible apex beat etc.) ($\frac{1}{2}$)				
Cardiovascular Palpation				
Apex ($\frac{1}{2}$)				
Heaves and Thrills ($\frac{1}{2}$)				
Cardiovascular Auscultation				
Auscultates apex ($\frac{1}{2}$)				
Auscultates LLSE ($\frac{1}{2}$)				
Auscultates LUSE ($\frac{1}{2}$)				
Auscultates RUSE ($\frac{1}{2}$)				
Auscultates axilla ($\frac{1}{2}$)				
Auscultates back ($\frac{1}{2}$)				
Rolls on left for mitral stenosis ($\frac{1}{2}$)				
Leans forward for aortic regurg ($\frac{1}{2}$)				
Comments on heart sounds ($\frac{1}{2}$)				
Comments on murmurs ($\frac{1}{2}$)				
Asks to check BP ($\frac{1}{2}$)				
Palpates for liver ($\frac{1}{2}$)				
Looks for oedema ($\frac{1}{2}$)				
Auscultates lung bases ($\frac{1}{2}$)				
Radio-femoral delay ($\frac{1}{2}$)				
For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets				
Clinical Assessment (2)				
Correctly identifies abnormal/normal findings				
Overall approach (4)				
Structured, systematic				
Engages child/parent				
TOTAL (20)				

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Neurological – Upper Limbs

*For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.*

Opening statement: Please can you perform a neurological system examination of the upper limbs of this child.

	1	½	0	Comments
Introduction				
Introduces self (1)				
General Inspection				
“End of bed” and General Condition (1)				
Limb Inspection				
Muscle Bulk (½)				
Posture (½)				
Fasciculations (½)				
Abnormal movements (½)				
Limb Tone				
Asks about pain (1/2)				
Assesses tone shoulder (½)				
Assesses tone elbows (½)				
Assesses tone wrist (½)				
Limb Power				
Abduction and Adduction of shoulder (1/2)				
Flexion and extension of elbow (1/2)				
Flexion and extension of wrist (1/2)				
Supination and pronation of forearm (1/2)				
Extension of fingers, Finger and thumb flexion, extension, adduction and abduction (1)				
Limb Reflexes				
Biceps (1)				
Triceps (1)				
Supinator (1)				
Limb Coordination				
Finger nose test (1)				
Rapid alternating movement (½)				
Sensation				
Mention sensation (1/2)				
<i>For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets</i>				
Clinical Assessment (2)				
Correctly identifies abnormal/normal findings				
Overall approach (4)				
Structured, systematic Engages child/parent				
TOTAL (20)				

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Neurological– Lower Limbs

For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.

Opening statement: Please can you perform a neurological system examination of the lower limbs of this child.

	1	$\frac{1}{2}$	0	Comments
Introduction				
Introduces self (1)				
General Inspection				
“End of bed” and General Condition (1)				
Inspection				
Muscle Bulk ($\frac{1}{2}$)				
Posture ($\frac{1}{2}$)				
Fasciculations ($\frac{1}{2}$)				
Tone				
Asks about pain (1/2)				
Assesses tone hips ($\frac{1}{2}$)				
Assesses tone knee ($\frac{1}{2}$)				
Assesses tone ankles ($\frac{1}{2}$)				
Assess for ankle clonus ($\frac{1}{2}$)				
Power				
Hip flexion and extension ($\frac{1}{2}$)				
Hip adduction and abduction ($\frac{1}{2}$)				
Flexion and extension of knees (1/2)				
Foot dorsiflexion, plantar flexion (1/2)				
Foot inversion, eversion ($\frac{1}{2}$)				
Toe plantar flexion and dorsiflexion ($\frac{1}{2}$)				
Reflexes				
Knee (1)				
Ankle (1)				
Plantar response (1/2)				
Coordination				
Heel-shin test (1)				
Heel-toe gait ($\frac{1}{2}$)				
Sensation				
Mention sensation (1/2)				
Other				
Gait (1/2)				
<i>For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets</i>				
Clinical Assessment (2)				
Correctly identifies abnormal/normal findings				
Overall approach (4)				
Structured, systematic				
Engages child/parent				
TOTAL (20)				

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Neurological: Cranial Nerves Examination

For each component give the marks available (in brackets) if component **performed satisfactorily** (not just attempted). Part marks may be awarded when performed but minor inadequacies.

Opening statement: Please can you examine the cranial nerves of this child whose visual acuity and fundi are normal.

	1	½	0	Comments
I Olfactory – ask about sense of smell (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
II Visual fields (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visual inattention (½)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Pupils – direct reflex (1/2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Pupils – consensual reflex (½)		<input type="text"/>	<input type="text"/>	
Pupils – accommodation (½)		<input type="text"/>	<input type="text"/>	
(Fundoscopy)				
(Visual acuity)				
III, IV, VI Eye movements (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Full range of eye movements (1/2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ask about diplopia (½)		<input type="text"/>	<input type="text"/>	
Look for nystagmus (½)		<input type="text"/>	<input type="text"/>	
V Sensation (ophthalmic, maxillary and mandibular area) (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Corneal reflex)				
Open jaw against resistance (½)		<input type="text"/>	<input type="text"/>	
Palpate masseters with teeth clenched (½)		<input type="text"/>	<input type="text"/>	
VII Observe face for asymmetry (½)		<input type="text"/>	<input type="text"/>	
Raise eyebrows (½)		<input type="text"/>	<input type="text"/>	
Close eyes strongly (½)		<input type="text"/>	<input type="text"/>	
Show teeth (½)		<input type="text"/>	<input type="text"/>	
Blow out cheeks (½)		<input type="text"/>	<input type="text"/>	
VIII Assess hearing (discuss)(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Rinne’s test)				
(Weber’s test)				
XI and X Observe movement of palate (1/2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Gag reflex)				
XI Shrug shoulders against resistance (½)		<input type="text"/>	<input type="text"/>	
SCM turn head against resistance (½)		<input type="text"/>	<input type="text"/>	
XII Tongue	<input type="text"/>	<input type="text"/>	<input type="text"/>	
(wasting fasciculations, movements) (1/2)				
<i>For this section give a mark for the overall impression in each area. Maximum marks available for each component are indicated in brackets</i>				
Clinical Assessment (2)	<input type="text"/>			
Correctly identifies abnormal/normal findings				
Overall approach (4)	<input type="text"/>			
Structured, systematic				
Engages child/parent				
TOTAL (20)	<input type="text"/>			