THE COLLEGE OF PAEDIATRICIANS OF SOUTH AFRICA

FC Paed(SA) Part II

COMPREHENSIVE CLINICAL ASSESSMENT (CCA)

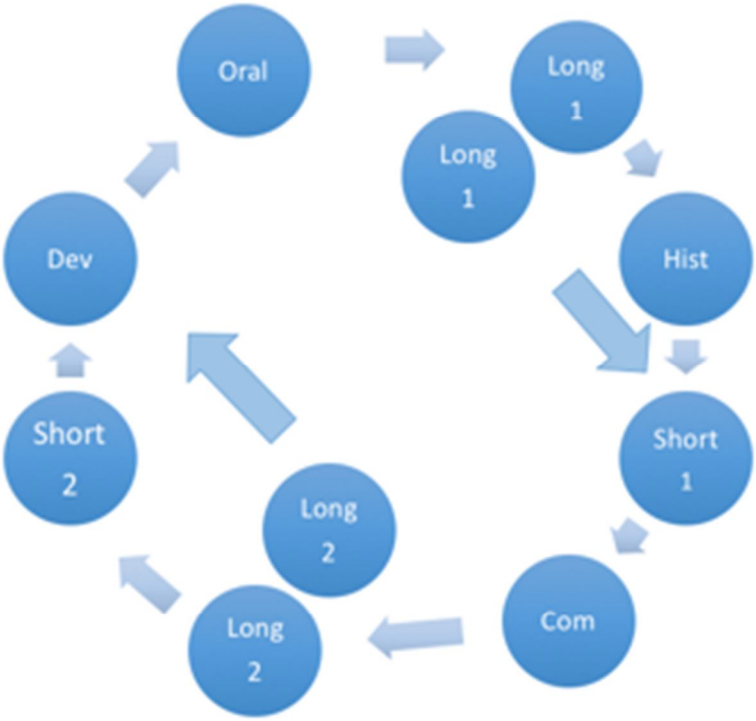
GUIDELINES MAY 2016

1.0 EXAMINATION FORMAT

The CCA consists of 8 objective assessments of each candidate.

- Observed history taking
- Explicit and structured testing of communication skills
- Developmental assessment and management of a child
- 2 observed "long case" assessments, allowing discussion of differential diagnoses and management
- 2 "short case" assessments, emphasising clinical examination and problem formulation
- A structured oral examination

2.0 EXAMINATION ROTATION OR 'CAROUSEL'



3.0…/

3.0 EXAMPLE ROTATION OF 10 CANDIDATES

This can be increased to accommodate a maximum of 12 candidates.
Two rotations (Maximum 24 candidates) are possible on each allocated examination day.

Time	Develop	Oral	Long Case	Long Case	History	Short Case	Long Case	Long Case	Comm	Short Case
9h00-9h20	1	2	3	4	5	6	7	8	9	10
9h20-9h40	2	1	3	4	6	5	7	8	10	9
9h40-10h00	9	10	1	2	3	4	5	6	7	8
10h00-10h20	10	9	1	2	4	3	5	6	8	7
10h20-10h40	7	8	9	10	1	2	3	4	5	6
10h40-11h00	8	7	9	10	2	1	3	4	6	5
11h00-11h20	5	6	7	8	9	10	1	2	3	4
11h20-11h40	6	5	7	8	10	9	1	2	4	3
11h40-12h00	3	4	5	6	7	8	9	10	1	2
12h00-12h20	4	3	5	6	8	7	9	10	2	1

4.0 INDIVIDUAL STATIONS- KEY FEATURES

- There is a single examiner at each station. (10 examiners in total, each candidate sees 8 examiners).
- A moderator and/or an observer may be present at each station but will not participate in examination of the candidates or discussion of allocated marks. It is likely that an additional examiner may be included for the long and/or short case assessments.
- Detailed written instructions are given to the candidate in the five-minute change-over period between stations. These include details of the actual format of the station and relevant clinical information. The candidate will have up to 5 minutes to assimilate this information and will be able to make notes.
- The total duration of each station, excluding the long cases, is 15 minutes followed by a 5-minute change-over period during which time the candidate will be given the information detailed above.
- The duration of the long cases is 35 minutes each followed by the 5-minute change over period.
- There is a set time-period for performance of a skill (verbal or clinical examination of a patient) and for discussion with the examiner within each station. Examiners will make use of a visible internal timer (cellphone or other) for this purpose.
- All skills performed by the candidate are observed by the examiner.
- Each station has a set of Anchor statements/Guidelines for examiner which outline the expected standard. (See separate document: Anchor Statements)
- Each station has a structured mark-sheet which is based on the relevant Anchor statements. A global assessment of performance is used based on the Anchor statements and mark-sheets rather than using a 'tick-list'.

5.0…/

5.0 INDIVIDUAL STATIONS

5.1 THE LONG CASE

- This station tests the ability to do a relevant general and system(s) examination based on information given and provide an appropriate differential diagnosis.
- The candidate is expected to request and interpret relevant investigations and discuss management.
- Clinical cases may have single or multiple system involvement but should be relevant to a paediatrician in general paediatric practice and rarities should be avoided in selecting cases.
- In the 5 minutes before the start the candidate reads information provided which will include a relevant and more detailed history than was provided in the previous system. *Candidates must take cognisance of all information given.*
- Once entering the examination room, this is a 35 minute station and is made up as follows:
    - The candidate spends 20 minutes with a patient:
    - The candidate should start by briefly repeating the history and which system(s) to concentrate on and/or a possible differential diagnosis. It must be emphasized that only a few minutes (2-3 minutes) be spent on this component as any more time will impinge on time spent actually examining the patient.
    - The candidate should then commence with a relevant and brief general examination of the patient before proceeding to the system(s) involved.
    - Findings are presented as the patient is examined. *Candidates must talk their way through their findings.*
    - Any additional *relevant* information will be given on request (Anthropometry, BP, Temp, SpO_2).
    - Examination of the patient is observed throughout, taking careful note of clinical skills and techniques of examination.
    - There should be no/minimal interruptions or prompting from the examiner during this stage unless the candidate is 'off track' or delays on a certain aspect of the assessment or is rough with the patient.
    - At the end of 15 minutes the examiner must warn the candidate that there is 5 minutes left to complete the examination. This once again emphasizes the need for an internal visible timer. However, this can also be timed with the bell which will sound at the end of the other shorter 15 minute stations.
- The candidate will then spend 15 minutes in discussion with the examiner:
    - Candidates should be allowed a *few moments* to get their thoughts together
    - *So what do you think is wrong with this child?* Candidates are then expected to present a brief and relevant summary of their findings and an appropriate differential diagnosis. As findings will have been presented as detected this should not be a detailed 'rehash'.
    - The candidate can then be taken back to any physical signs (Missed and/or Incorrect and/or Technique) and any changes in the differential diagnosis can then be discussed.
    - The assessment concludes with a discussion of special investigations and management. Weaker candidates may not actually reach this stage and may take longer with physical signs and their interpretation and arriving at an appropriate differential diagnosis.

5.2 THE SHORT CASE

- This station tests the ability to do a relevant general and specific system or part of a system examination based on information given. Clinical examination is emphasized. The candidate should be able to formulate the problem present and/or provide an appropriate differential diagnosis.
- Particular attention will be paid to examination techniques, correct detection of physical signs and appropriate synthesis of physical findings.
- The clinical case will have involvement of a single system or part of a system (eg. CNS- Cranial Nerves). The problem presented should be relevant to a paediatrician in general paediatric practice and rarities should be avoided in selecting cases.
- In the 5 minutes before the start the candidate reads information provided which will include a relevant and detailed history. *Candidates must take cognisance of all information given.*

• Once entering the examination room…/

- Once entering the examination room, this is a 15- minute station and is made up as follows:
  - The candidate spends 10 minutes with the patient:
  - The candidate should start by briefly repeating the history and which system to concentrate on and/or a possible differential diagnosis. It must be emphasized that less than 2 minutes be spent on this component as any more time will impinge on time spent actually examining the patient. *This is especially important in the short case where the time spent with the patient is only 10 minutes.*
  - The candidate should then commence with a relevant and brief general examination of the patient before proceeding to the system or part of system involved
  - Findings are presented as the patient is examined. *Candidates must talk their way through their findings.*
  - Any additional *relevant* information will be given on request (Anthropometry, BP, Temp, SpO_2).
  - Examination of the patient is observed throughout, taking careful note of clinical skills and techniques of examination.
  - There should be no/minimal interruptions or prompting from the examiner during this stage unless the candidate is 'off track' or delays on a certain aspect of the assessment or is rough with the patient.
  - At the end of 8 minutes the examiner will warn the candidate that there is 2 minutes left to complete the examination. This once again emphasizes the need for an internal visible timer.
- The candidate will then spend 5 minutes in discussion with the examiner:
  - Candidates should be allowed a *few moments* to get their thoughts together
  - *So what do you think is wrong with this child?* Candidates are then expected to present a brief and relevant summary and appropriate differential diagnosis. As findings will have been presented as detected this should not be a detailed 'rehash'.
  - The candidate can then be taken back to any physical signs (Missed and/or Incorrect and/or Technique) and any changes in the differential diagnosis can then be discussed.
  - The candidate may be expected to suggest appropriate special investigations and discuss management but the emphasis in the short case is on clinical examination.

5.3 **DEVELOPMENTAL ASSESSMENT**

- This tests the ability to perform a developmental assessment of a child. This may be a full developmental assessment or may concentrate on one domain. This is not a detailed psychometric assessment but it is a basic assessment or a screening assessment of development at a level expected of a paediatrician in general paediatric practice.
- Suitable toys and other equipment will be provided. Candidates will need to select the most appropriate tools for developmental assessment. Tools selected will not include those used in detailed developmental assessments such as form boards.
- Children will usually have a developmental abnormality, but may occasionally have normal development.
- Children will have a developmental age of less than 5-8 years. Normal children may be used.
- Where there is a syndrome or neurological abnormality, the aim of the station is NOT to test the identification of dysmorphic features or abnormal neurological signs.
- The candidate should be able to outline the main areas of management and demonstrate their knowledge of the roles of the members of the multidisciplinary team dealing with any developmental problems identified.

5.4 **DEVELOPMENTAL ASSESSMENT- VIDEO PRESENTATION**

- A short video presentation may be used rather than using an actual patient in this station. This will assist with patient compliance and ensures standardization of the assessment for all candidates.
- In the 5 minutes before the start the candidate reads information provided which will include a relevant and detailed history. *Candidates must take cognisance of all information given.*

• Once entering the examination room…/

- Once entering the examination room, this is a 15- minute station and is made up as follows:
  - The candidate should start by briefly repeating the history and/or a possible differential diagnosis. It must be emphasized that less than 2 minutes be spent on this component as any more time will impinge on time spent actually viewing the video and discussing the findings.
  - For the next 2-3 minutes, the candidate may then be asked how the domain(s) of development to be assessed should be examined and this could include selection of appropriate toys/tools from a given collection.
  - The video is then viewed and this should be about 5 minutes in duration. There is no pausing or repeat viewing of the video.
- The candidate will then spend 5 minutes in discussion with the examiner:
  - The candidate presents the findings shown in the video and gives an assessment of the developmental age of the child and/or problems shown.
  - Further management and possible referral is discussed.

5.5 **HISTORY TAKING AND MANAGEMENT PLANNING**

- This tests the ability to take a *focused and relevant history* from a parent/caregiver/role-player and discuss a management plan.
- The history and management plan will focus on a patient with a new (presenting complaint) or with an established (chronic illness- treatment and/or complications of a condition) diagnosis. Examples include a child presenting with nocturnal enuresis (new diagnosis) or a known asthmatic attending asthma clinic (established diagnosis).
- In a number of conditions in paediatrics a presumptive diagnosis can often be made on an adequate and relevant history obtained. Nocturnal enuresis is once again an example. Many conditions seen in ambulatory paediatrics also lend themselves to assessment in this station.
- In the 5 minutes before the start the candidate reads instructions and relevant details of the patient. This may take the form of a referral letter from another health worker or school teacher. *Candidates must take cognisance of all information given.*
- The emphasis is on taking a relevant and focused history and not a detailed comprehensive history. Candidates will be penalized for obtaining irrelevant information.
- No counselling of the parent is expected.
- This is a 15- minute station and is made up as follows:
  - The candidate spends 10 minutes taking a history.
  - The history taking is observed by the examiner with *no interruptions or prompting.* The examiner should be positioned unobtrusively.
  - The examiner will warn the candidate after 8 minutes that 2 minutes remain with the parent. During this time the candidate should 'wrap-up' the interview with the parent.
  - A useful approach for candidates is to emphasize that the history-taking interview has a *beginning (introductions and establishing roles), a middle (the actual facts) and an ending (the 'wrap-up')*
  - The candidate then spends 5 minutes in discussion with the examiner:
    - This will concentrate on questions asked by the candidate, discussion around history obtained, differential diagnosis and a possible management plan.
    - The examiner has a list of possible questions to ask the candidate and in addition to the Anchor statements is provided with a minimum expected standard required to pass this station
- Both the role player and the examiner are provided with:
  - Detailed information about the clinical scenario ('Script'). This includes answers to a number of possible questions the candidate may ask the parent/role player. Candidates are not expected to ask all the questions listed.
  - Role-players are instructed to be consistent with each candidate.

5.6 **COMMUNICATION**

- This station tests the ability to impart information to a parent/colleague and also makes use of a role-player. This may involve any one of the following situations:
  - *information giving* (eg please tell this mother about a diagnosis)
  - *breaking bad news* (eg please explain the results of a test and the implications)

- *consent* (eg please explain why you need to do a procedure (eg lumbar puncture) with a view to obtaining consent)
- *critical incident* (eg please talk to the parent of the child who has been given the wrong drug/wrong dosage)
- *ethics* (eg please discuss the problem as the parents have refused to have any blood product)
- *education* (eg please explain to the intern so that she can deal with the situation)

- The emphasis is on *how* information is communicated and whether *correct* information is given. This is mostly observed and there is no detailed questioning by the examiner on theoretical aspects.
- In the 5 minutes before the start the candidate reads instructions and relevant details of a scenario. *Candidates must take cognisance of all information given.*
- This is a 15- minute station and is made up as follows:
  - The candidate spends 10 minutes in communication with a role-player.
  - The communication is observed by the examiner with *no interruptions or prompting.* The examiner should be positioned unobtrusively.
  - The examiner will warn the candidate after 8 minutes that 2 minutes remain with the role-player. During this time the candidate should 'wrap-up' the interview with the role-player.
  - A useful approach for candidates is to emphasize that the communication interview has a *beginning (introductions and establishing roles), a middle (the actual facts) and an ending (the 'wrap-up')*
  - The candidate then spends 5 minutes in discussion with the examiner:
    - This will concentrate on information given by the candidate: how this information was given and a discussion around factual accuracy of information given.
    - The examiner may commence this session by asking '*do you think this parent/colleague understands the information given?'*
    - The examiner has a list of possible questions to ask the candidate and in addition to the Anchor statements is provided with a minimum expected standard required to pass this station.
- Both the role player and the examiner are provided with:
  - Detailed information about the clinical scenario ('Script'). Candidates are not expected to relay all the information listed.
  - Role-players are instructed to be consistent with each candidate.

6.0 THE STRUCTURED ORAL EXAMINATION

- This tests the ability to deal with a scenario and emerging information and clinical insight rather than testing cognitive ability.
- This is a 15-minute station and 2 scenarios are presented, each of 7½ minutes.
- The scenarios will involve the following areas:
  - A clinical case or Emergency
  - Ethics
  - Practice management
  - Advocacy
  - Quality improvement
  - Population health
- In the 5 minutes before the start the candidate is given instructions and relevant details of the scenarios. *Candidates must take cognisance of all information given.*
- Examiners will be provided with structured, standardised scenarios.
- The candidate will be allowed to offer an approach before specific questioning by the examiner.
- The examiner has a list of possible questions to ask the candidate and in addition to the Anchor statements is provided with a minimum expected standard required to pass this station. This will include the ability to offer an appropriate differential diagnosis and/or a management plan which is clear, feasible and evidence based.
- Examiners will be consistent with each candidate.

7.0…/

7.0 CCA MARKING SCHEME

- The marking scheme is shown below.
- For each station candidates will be awarded a percentage mark and judgement points.

Category	Clear Pass	Borderline Pass	Bare Fail	Clear Fail
Percentage (%)	55 – 100	50	45	≤ 40
Judgement Points	6	5	4	3- Long cases 2-Others

- Candidates showing unacceptable/unprofessional behaviour will be assigned a clear fail mark.
- *Total of 8 station marks*. Each of the two "long case" station marks will be worth two judgements, so that there will be *a total of 10 judgements* (6+2+2).
- Passmark is a judgement score of ≥50 (reflecting an average of ten 'passes' over the 8 stations [10 judgements]).
- Actual percentage achieved will be used to assess high marks (prizes etc) and also for University Mmeds.

The requirements for passing the CCA are:

Total mark ≥ 50%

PLUS

Total Judgement Points ≥ 50

ANCHOR STATEMENTS: HISTORY TAKING AND MANAGEMENT PLANNING

Expected standard:	CLEAR PASS ≥55%	BARE FAIL 45%	CLEAR FAIL ≤40%
Introduction	Greets the parent and obtains the parent's and child's name and uses them. Introduces self. Clarifies role, and agrees aims and objectives of the session.	Superficial greeting with no introduction. Inadequate identification of role, aims and objectives.	No greeting or introduction. Fails to define role and agreement on aims and objectives
Organisation	Superior organisation Flexible Signposts to guide interview, e.g. uses transition statements Consistent control of the interview	Organisational approach is formulaic Minimally flexible Mostly structured but somewhat abrupt transitions Inconsistent control of the interview.	No recognisable plan to the interaction No flexibility Poorly structured interview Parent must determine the direction of the interview
Interview style and method	Offers parent/child time to explain the problem/symptoms child has been experiencing. Allows parent sufficient time to speak. Asks clear questions with appropriate use of open and closed style. Perceived to be actively listening (nods, etc.) with verbal and non-verbal responses. . Avoids jargon. Personalizes the information sought relating to previous information acquired (e.g., uses the child's name, relates present to previous info).	Limited opportunity for parent to explain problem/ symptoms, Interrupts parent unnecessarily Excessive use of closed questions. Not perceived to be actively listening (nods, etc.) via verbal and non-verbal responses. Uses medical jargon without explanation. Appears to be going through the motions rather than attempting to individualise interview(s).	Ignores parental perspective Limits parent's opportunity to speak Uses closed questions only Fails to engage, frustrates and/or antagonises the parent. Distracted and aloof. Frequent use of jargon Questions poorly comprehended by parent/child Hasty approach.
Content	Requests appropriately selected information. Full and adequate exploration of main problems. Focussed and selective history taking of past medical, perinatal, development, etc. Appropriate social, family and psychological histories.	Seeks information on superfluous or unnecessary issues, or in too much detail Misses relevant information which if known would make a difference to the management of the problem. Poor focus of history.	Relevance of information obtained is questionable .
Explores caregiver's ideas, concerns, expectations and feelings	**Ideas** – what are the parent's/child's thoughts regarding the symptoms? **Concerns** – explores any worries the parent/child may have regarding the symptoms	Cursory attempt at seeking ideas, views, concerns or expectations of parent or child.	Ignores caregivers' or child's ideas, views, concerns or expectations of parent or child.

	Expectations – gains an understanding of what the parent/child is hoping to achieve from the consultation		
Summarising for parent/child	Summarises information in a way that is easy to understand. Concludes the session appropriately, confirming understanding with child/caregiver. Allows the parent to correct any inaccurate information and to expand further on certain aspects. Asks if anything overlooked.	Summary is incomplete or difficult for parent to understand. Abrupt termination of session. Fails to confirm understanding. Does not offer parent opportunity to correct inaccuracies.	Fails to summarise, check understanding or conclude session.
Time with examiner			
Interpretation of information obtained	Interpretation of information obtained is correct in all-important detail. Shows good understanding of the issues raised in the history in summary, with prioritisation (if relevant).	Inaccuracies in interpretation of some (minor) information obtained. Incomplete summary of problems, or inadequate prioritisation of problems	Serious or numerous inaccuracies in interpretation of information obtained Poor summary.
Differential diagnosis (new problem) and/or **Management planning (existing diagnosis)**	Appropriate differential diagnosis (prioritised) Management which is safe, ethical and effective and relates to previous concerns. Management addresses child/parent's needs or concerns. Appropriate referral to other centre, sub-specialist, agencies	Incomplete or inadequately prioritised differential diagnosis Inadequately planned management. Does not relate management to child/parents needs or concerns. Poor use of referral to other centres, sub-specialists, agencies.	Inappropriate or wrong differential diagnosis Poor discussion of management options. Poor understanding of parent's or child's views about management. Referral not considered (if warranted)
Overall	Responds precisely and perceptively to the task, consistently integrating all components.	Performs some components of the task effectively. Demonstrates important deficiency(ies) in one or more interview, communication interpretive and management skills.	Responds inappropriately and ineffectively to the task, indicating a lack of knowledge and/or under-developed interview, communication, interpretive and management skills.

College of Paediatricians

FCPaed 2

Candidate number: _____

Candidate surname: _____

Examiner number: ___

Examiner surname: _____

Leave blank – for College use

History taking

Case:

Date:_____

Scenario no.: ___

Occasion used (1st, 2nd etc.): __

FOR FEEDBACK PURPOSES MARK THE PERFORMANCE IN EACH SECTION:

Conduct of Interview	*Please mark here* →
Greeting and introduction	
Role clarification	
Control and organisation	
Signposts to guide interview	
Caregiver's concerns, expectations and feelings explored	
History taking	
Asks clear questions. Mixture of open and closed style	
Avoids jargon	
Full and adequate exploration of main problems	
Focussed and selective history taking of past medical, perinatal, etc.	
Appropriate social, family and psychological histories	
Parent/child history verifies and summarised	
Concludes appropriately, understanding checked	
Synthesis and management planning	
Information obtained interpreted correctly	
Patient problem(s) summarised and prioritised	
Differential diagnoses appropriate	
Appropriate management (addresses parental concerns, referral, etc)	

Clear Pass	Pass	Bare Fail	Clear Fail
☐	☐	☐	☐

_____

Clear Pass	Pass	Bare Fail	Clear Fail
☐	☐	☐	☐

_____

Clear Pass	Pass	Bare Fail	Clear Fail
☐	☐	☐	☐

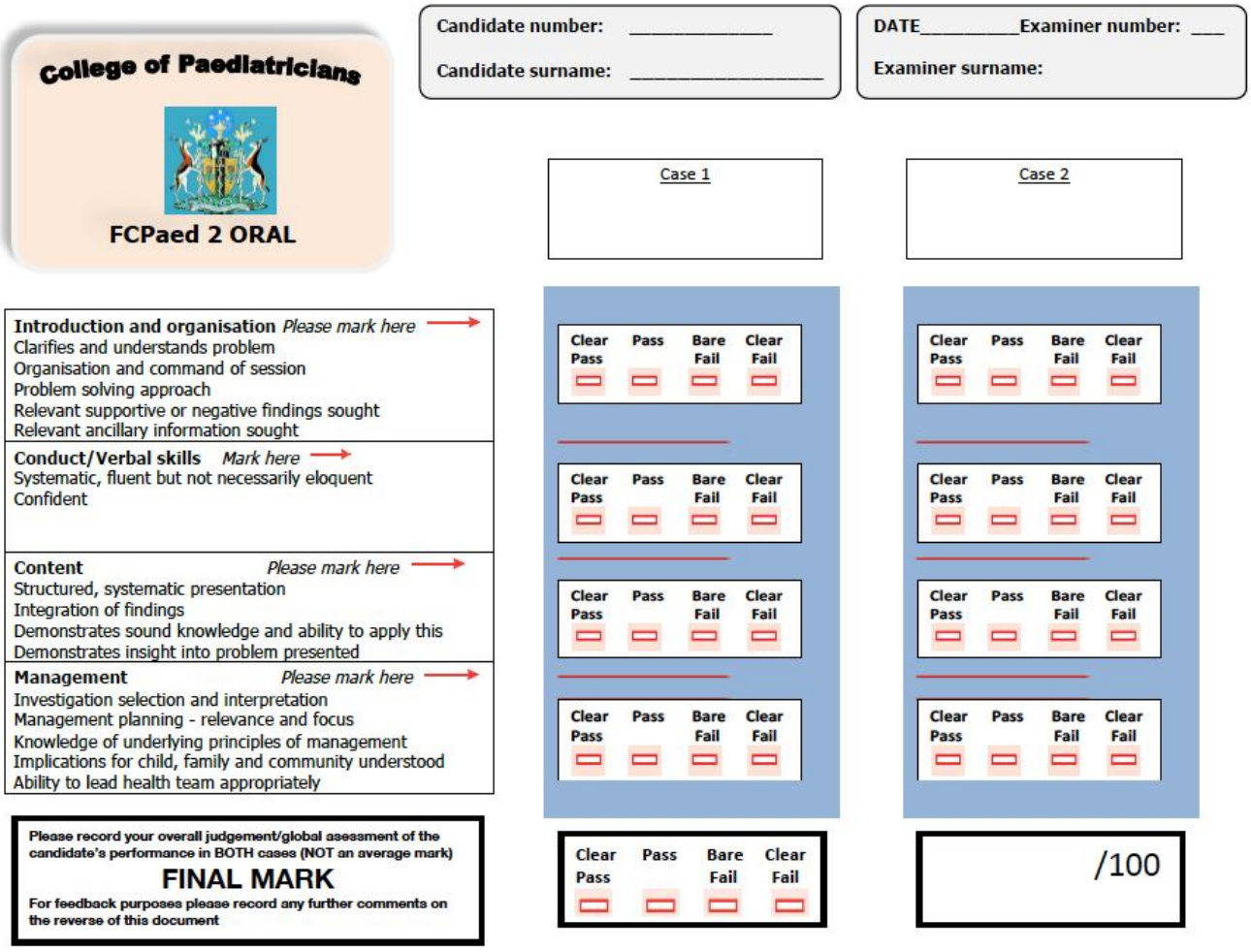
Please record your overall judgement of candidate's performance

Clear Pass	Pass	Bare Fail	Clear Fail
☐	☐	☐	☐

MARK FINAL GRADE HERE

___ / 100

To ensure that proper feedback is available for the candidate, please print your comments on their overall performance on the reverse of this document.



CCA- Marking Scheme

Category	Clear Pass	Borderline Pass	Bare Fail	Clear Fail
Percentage (%)	55 – 100	50	45	≤ 40
Judgement Points	6	5	4	3- Long cases 2-Others

- Candidates showing unacceptable/unprofessional behaviour will be assigned a clear fail mark.
- *Total of 8 station marks*. Each of the two "long case" station marks will be worth two judgements, so that there will be *a total of 10 judgements* (6+2+2).
- Passmark is a judgement score of ≥50 (reflecting an average of ten 'passes' over the 8 stations [10 judgements]).
- Actual percentage achieved will be used to assess high marks (prizes etc) and also for University Mmeds.