

Chapter 1 **Rules of engagement (with the clinical examination and the examiners)**

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The clinical examination and the examiners are now far better structured, prepared, and significantly more objective than even a decade ago. For each examination, the examiners' performance is critically evaluated both for consistency of the marks they award all the candidates in the station they examine and for consistency with their fellow examiners for each candidate. However, examiners, like candidates, are human and will, on occasions, be subject to their own idiosyncrasies and the effect of their environment, such as the phases of the moon, background radiation, and blood sugar level. With this in mind, the following guidance should help to prepare you for, and minimise the effects of, these unforeseen 'examiner moments'.

Do

- Be prepared.
- Be smartly dressed. Ties are unnecessary, and short sleeves are more acceptable and more comfortable for you to examine in.
- As soon as you enter the examination room/cubicle/bay – use your eyes and ears before 'hands on'.
- Be polite and courteous.
- Know – and show you know – how to talk with children.

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- Even 20–30 seconds talking with the child will demonstrate to the examiner that you are treating the child as a person, not an object to be examined. It will also help you to establish a rapport with the child – which may prove very helpful for the rest of the examination.
- In the day(s) before you sit the examination think of topics of conversation that might help you to establish a rapport with the child.
- Do what the examiner asks in terms of a running commentary during your examination. If the examiner specifically asks for a running commentary as you examine the child – then do as the examiner asks! If the examiner doesn't specify – then do whatever you feel more comfortable doing.
- In the Communication station – remember, remember, remember: it is a dialogue and not a monologue. Listen to the role-player; ensure they understand what it is you will do, and then do this during the nine-minute station. Check that the role-player has understood what you have discussed with them as you proceed and certainly before the two-minute warning. If you can use diagrams/drawings to better communicate the specific topic – then do so.
- Allow time for summing up and discussion (with the examiner; with the role-player in the Communication scenarios); this should be no later than the two-minute warning in the clinical station as the final two minutes should be for the examiner to ask you questions on your findings – including the differential diagnosis, investigations, and management.
- Be honest. If you don't know an answer, be truthful and don't try to blag/waffle/lie as this will be more detrimental to your mark than saying, 'I'm sorry, I don't know.'
- Be confident but not arrogant.

Do not

- Wear dirty, badly creased, or threadbare clothes or shoes – it gives the wrong impression.
- Wear dresses/blouses with low necklines or gaping buttons – it certainly will give the wrong impression.
- Ignore the child as you examine them – or their parent/carer.
- Be rude to the child or their parent/carer.
- Be rude to, or aggressively challenge, an examiner.
- Force the child to co-operate.
- Make up signs that aren't there.
- Cheat (text/phone your mates before/after your examination to share scenarios etc.). This is immoral and carries a heavy penalty.