Formative Mini-Clinical Evaluation Exercise Rating Form

Lymph node Examination

Student's name: ..... **Date of assessment:** _ /__/_____

Patient problem/ Diagnosis: .....

Patient gender: Male / Female **Patient age:** .....

Communication	- Introduces one's self and confirm patient name - Explains the purpose of examination and what it includes - Obtains and maintains consent for examination (From parents and patient if applicable) - Communicates appropriately with patient according to his age and developmental stage	

	- Communicates appropriately with parents showing empathy and respect - Attends to patient comfort all through examination, thanks patient at the end	
Hand washing	- Washes hands in proper technique	
General examination	- Looks for general findings relevant to the case	
Techniques	- Inspects for visible lymphadenopathy. - Palpates one side and compare with the nodes on the contral	

	ateral side. - Assess: ■ site ■ size. ■ consistency ■ tenderness ■ Whether node is fixed to surrounding and deep structures or skin.	
Lymph Node Groups	● Cervical group: - submental, submandibular, tonsillar, preauricular, postauricular, occipital - anterior (upper-middle-lower) , posterior	

	● Axillary group: - Anterior (pectoral) group - Posterior (subscapular) group - Lateral group - Medial group: on both sides - Apical group: on both sides ● Supraclavicular ● Epitrochlear nodes ● Inguinal: superficial (horizont	

	al, vertical), deep ● popliteal				
Others	**Examine abdomen** for organomegaly or palpable masses				
Global assessment:	1= needs remediation	2= acceptable	3= good	4= very good	5= exempla
Focuses examination appropriately ^					
Uses proper Technique ^					
Identifies normal findings according to patient`s age					
Picks up abnormal physical findings					
Describes clinical signs using accurate medical terms					
Overall Assessment					

Y5- Children`s Health- Mini-CEX – Lymph node Examination

Feedback	Action plan:
What went well: .... What can be done in different way:	.... Action plan development: ....

Assessor Name and Signature: