

## ABPN CLINICAL SKILLS VERIFICATION FORM (CSV v. 1)

Resident: \_\_\_\_\_ PGY: \_\_\_\_\_ Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

<b>OVERALL GRADE</b>		Fail <input type="checkbox"/>	Pass <input type="checkbox"/>							
<b>INTERVIEW STYLE</b>										
		1	2	3	4	5	6	7	8	
1.	Opening and closing	Awkward strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate strategies
2.	Informational cues	Ignored leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed leads
3.	Affective cues	Ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explored appropriately
4.	Communication style	Insensitivity interfered with data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate language and cultural sensitivity
5.	Questioning techniques	Abrupt and forced choice questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open-ended but appropriately structured
6.	Control and direction of interview	Scattered and fragmented questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developed cohesive interview
<b>Average score for Interview Style: _____</b>										
<b>SUBSTANCE OF INTERVIEW</b>										
		1	2	3	4	5	6	7	8	
7.	Presenting problems and history of present illness	Inadequately obtained or too vague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtained adequate data
8.	Past history: Psychiatric	Ignored major issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gathered relevant data in at least brief form
	Family	Ignored major issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gathered relevant data in at least brief form
	Medical	Ignored major issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gathered relevant data in at least brief form
	Social/educational/occupational	Ignored major issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gathered relevant data in at least brief form
9.	History of drug and alcohol abuse	Ignored or too limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitively gathered
	Assessment of suicidal risk	Ignored or too limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitively explored
10.	Assessment of homicidal risk	Ignored or too limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitively explored
11.	Assessment of mental status examination	Omitted or too limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organized approach and performed appropriately
<b>Average score for Substance of Interview: _____</b>										
<b>CASE PRESENTATION</b>										
		1	2	3	4	5	6	7	8	
13.	Summary of important data	Disorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presented concisely and coherently
14.	Mental status exam	Incomplete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurately summarized
15.	Emergency issues: Suicide	Ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Considered
	Violence/abuse	Ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Considered
	Drugs/alcohol	Ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Considered
16.	Recognition of need for additional history and collateral information	Absent or no rationale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate
<b>Average score for Case Presentation: _____</b>										

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DIFFERENTIAL DIAGNOSIS/FORMULATION			1	2	3	4	5	6	7	8	
17.	Differential diagnosis (pertinent Axes I-V)	Too narrow or too broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate working diagnoses
18.	Biopsychosocial formulation	Unidimensional or inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Included all three dimensions
<b>Average score for Differential Diagnosis/Formulation: _____</b>											
TREATMENT PLAN/PROGNOSIS			1	2	3	4	5	6	7	8	
19.	Treatment plan: Safety	Ignored key treatments or used inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific to this patient yet sufficiently comprehensive
	Level of care	Ignored key treatments or used inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific to this patient yet sufficiently comprehensive
	Medication	Ignored key treatments or used inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific to this patient yet sufficiently comprehensive
	Psychotherapy	Ignored key treatments or used inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific to this patient yet sufficiently comprehensive
	Community resources	Ignored key treatments or used inappropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific to this patient yet sufficiently comprehensive
20.	Prognosis: Positive/negative indicators	Ignored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discussed
	Transference/countertransference	Not anticipated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipated
<b>Average score for Treatment Plan/Prognosis: _____</b>											

TRAINING COMPETENCY
Is this resident functioning at a competency level commensurate with his/her PGY level? Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS
(Please note key positives and negatives):

Resident Signature: \_\_\_\_\_  
 After comments entered and discussed

Examiner Signature: \_\_\_\_\_