Clinical Skills Verification Examination Form

Resident _____ PGY _____

Examiner _____ Date _____

Complexity of Patient _____ Difficulty of Interview _____

Directions: Complete the subscore worksheet on pages 2-5 using the anchors shown. An **overall** score of 5 or more is required for an acceptable performance on the 3 major items below. Please note that these scores are for overall performance in each area; the resident is not required to pass each sub-item. Anchors for patient complexity and interview difficulty are on page 6.

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1. Physician Patient Relationship   Overall score _____   ☐ Acceptable
☐ Unacceptable

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2. Conduct of the Interview   Overall score _____   ☐ Acceptable
☐ Unacceptable

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3. Case Presentation   Overall score _____   ☐ Acceptable
☐ Unacceptable

Comments:

_____   _____
Examiner Signature   Resident Signature

AADPRT Clinical Skills Verification Worksheet

1. Physician Patient Relationship

☐ Acceptable: Overall score is ≥5

☐ Overall Score _____   ☐ Unacceptable: Overall score is ≤4

1-1. Develops rapport with patient

Excellent:	Courteous, professional demeanor Clear introduction to patient Exhibits warmth and empathy	☐ 8 ☐ 7
Good:	Generally respectful Adequate introduction Adequate empathy	☐ 6 ☐ 5
Poor:	Arrogant, disrespectful, or awkward demeanor Inadequate introduction Lacks empathy	☐ 4 ☐ 3
Very Poor:	Rude or inappropriate comments No introduction or misrepresentation of the situation Obvious anger or frustration	☐ 2 ☐ 1

1-2. Responds appropriately to patient

Excellent:	Responds empathically to verbal and nonverbal cues Adjusts interview to patient's level of understanding and cultural background Adjusts interview to new information	☐ 8 ☐ 7
Good:	Responds adequately to verbal and nonverbal cues Occasional use of technical jargon Adjusts interview to most new information	☐ 6 ☐ 5
Poor:	Shows minimal response to sensitive information Minimal awareness of patient's capacity to understand or cultural background Inflexible interviewing style Misses important verbal and nonverbal cues	☐ 4 ☐ 3
Very Poor:	Responds with angry, abusive, or dismissive comments Frequently loses composure Criticizes, demeans, or condemns patient	☐ 2 ☐ 1

1-3. Follows cues presented by patient

Excellent:	Responds appropriately to verbal and nonverbal information Follows up on all pertinent information Seeks clarification of ambiguous information	☐ 8 ☐ 7
Good:	Misses no major verbal or nonverbal information Generally follows up on major issues presented by the patient	☐ 6 ☐ 5
Poor:	Misses significant verbal and nonverbal information Fails to ask for clarification of ambiguous information	☐ 4 ☐ 3
Very Poor:	Ignores or responds inappropriately to verbal or nonverbal cues Grossly misinterprets verbal or nonverbal information	☐ 2 ☐ 1

2. Conduct of the Interview

☐ Acceptable: Overall score is ≥5

Overall Score _____   ☐ Unacceptable: Overall score is ≤4

2-1. Obtains sufficient data for DSM Axes I-V differential diagnosis

Excellent:	Assists the patient in describing the full range of symptoms and history Explores all pertinent domains of information Gathers adequate information for DSM checklists	☐ 8 ☐ 7
Good:	Allows patient to describe major symptoms and history Explores the major domains of information Focuses interview on DSM checklists	☐ 6 ☐ 5
Poor:	Limits interview to DSM checklists Misses important domains of information Shows little awareness or regard for DSM diagnoses Fails to consider alternative diagnoses	☐ 4 ☐ 3
Very Poor:	Fails to gather sufficient information for major diagnosis Misinterprets or misrepresents diagnostic information	☐ 2 ☐ 1

2-2. Obtains psychiatric, medical, substance use, family, and social histories

Excellent:	Assists the patient in presenting each aspect of the history Gathers a wide range of biopsychosocial information Maintains focus and logical progression of interview Appears comfortable with difficult or sensitive topics	☐ 8 ☐ 7
Good:	Allows the patient to present an adequate range of material Gathers adequate biopsychosocial information Generally redirects the patient when necessary Somewhat uncomfortable with difficult or sensitive topics	☐ 6 ☐ 5
Poor:	Interrupts or interferes with the patient's story Misses important biopsychosocial information Fails to redirect or focus a disorganized or hyperverbal patient Avoids difficult or sensitive topics	☐ 4 ☐ 3
Very Poor:	Ignores pertinent areas of the history Asks cursory, disorganized, or irrelevant questions Loses control of the interview Responds inappropriately to difficult or sensitive topics	☐ 2 ☐ 1

2-3. Screens for suicidality, homicidality, high risk behavior, and trauma

Excellent:	Approaches topic frankly, but with sensitivity and empathy Asks questions appropriate to the context of the interview Follows up with specific questions Assesses specific suicide risk factors, if relevent	☐ 8 ☐ 7
Good:	Approaches topic somewhat awkwardly Asks general screening questions Follows up with 1-2 specific questions	☐ 6 ☐ 5
Poor:	Approaches topic with abrupt, accusatory, or incredulous manner Asks only indirect or cursory questions Obtains no detailed information	☐ 4 ☐ 3
Very Poor:	Fails to address suicidal or homicidal ideation Disregards pertinent information in the history regarding patient's risk factors	☐ 2 ☐ 1

2-4. Uses open- and close-ended questions

Excellent:	Uses frequent, well-structured open-ended questions Balances open and closed questions	☐ 8 ☐ 7
Good:	Uses occasional open-ended questions	☐ 6 ☐ 5
Poor:	Interview consists primarily of directive, closed-ended questions	☐ 4 ☐ 3
Very Poor:	Interview consists entirely of narrowly focused, closed-ended questions	☐ 2 ☐ 1

2-5. Performs an adequate mental status examination

Excellent:	All pertinent areas of the MSE were addressed Appropriate areas of the MSE were integrated into other parts of the interview	☐ 8 ☐ 7
Good:	Most pertinent areas of the MSE were addressed Occasional areas of the MSE were integrated into other parts of the interview	☐ 6 ☐ 5
Poor:	At least one essential element of the MSE was omitted	☐ 4 ☐ 3
Very Poor:	Multiple elements of the MSE were omitted	☐ 2 ☐ 1

3. Case Presentation

Overall Score _____

☐ Acceptable: Overall score is ≥5

☐ Unacceptable: Overall score is ≤4

3-1. Organized and accurate presentation of history

Excellent:	HPI accurately reflects the patient's story Presentation is logical, concise, and coherent History integrates all important biopsychosocial factors Presentation includes pertinent positive and negative findings Presentation leads to a clear understanding of the patient	☐ 8 ☐ 7
Good:	HPI generally reflects the patient's story Presentation can be followed History includes adequate discussion of biopsychosocial factors Presentation includes major pertinent negative findings Presentation leads to an adequate understanding of the patient	☐ 6 ☐ 5
Poor:	HPI ignores or inaccurately represents the patient's story Presentation is disorganized or chaotic History misses important biopsychosocial factors Presentation ignores some pertinent positive or negative findings Presentation leads to a poor understanding of the patient	☐ 4 ☐ 3
Very Poor:	HPI distorts or misinterprets the patient's story Presentation is incoherent or illogical History shows no awareness of biopsychosocial issues Presentation misinterprets or disregards pertinent positive or negative findings Presentation is grossly inaccurate	☐ 2 ☐ 1

3-2. Organized and accurate presentation of mental status findings

Excellent:	All areas of the MSE are presented Presentation is orderly, systematic, and easy to follow Standard terminology and nomenclature are used Findings are accurate and complete Pertinent negative findings are included An appropriate and accurate assessment of dangerousness is included	☐ 8 ☐ 7
Good:	Most areas of the MSE are presented Presentation generally follows a standard outline Clear and meaningful terms are used All critical findings are included Most important negative findings are included An adequate assessment of dangerous is included	☐ 6 ☐ 5
Poor:	Several pertinent areas of the MSE are omitted Presentation is disorganized and rambling Ambiguous, inappropriate, or unclear terminology is used Some critical findings are omitted or misrepresented Important negative findings are omitted Assessment of dangerousness is inadequate or only partially accurate	☐ 4 ☐ 3
Very Poor:	Major areas of the MSE are omitted Presentation is incoherent and impossible to follow Inaccurate, meaningless, or inappropriate terminology is used Most critical findings are omitted or misrepresented Negative findings are not included Assessment of dangerousness is omitted or is inaccurate	☐ 2 ☐ 1

Complexity of Patient

☐ Low: Patient presents one primary problem with clearly described symptoms

☐ Medium: Patient presents one problem with vaguely or inconsistently described symptoms or 2-3 problems with clear symptoms

☐ High: Patient presents multiple problems with vaguely or inconsistently described symptoms

Difficulty of Interview

☐ Low: Patient is cooperative, well organized, and cognitively intact

☐ Medium: Patient is abrupt, uncertain, or cognitively compromised

☐ High: Patient is hostile, disorganized, or cognitively impaired