

**AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.
CHILD AND ADOLESCENT PSYCHIATRY CLINICAL SKILLS EVALUATION
FREQUENTLY ASKED QUESTIONS
September 2010**

Double-Counting of Clinical Skills Evaluations

Q: Will double counting be allowed between general psychiatry and CAP clinical skills evaluations, e.g., if done with adolescent or child patients?

A: One CAP clinical skills evaluation can be used to fulfill the ABPN general psychiatry requirement for successful completion of three clinical skills evaluations. However, the clinical skills evaluation requirement for general psychiatry residents cannot be used to fulfill the clinical skills requirement for CAP residents. Hence, CAP residents can complete credentialing requirements for both general psychiatry and CAP by successfully completing five evaluations (2 general psychiatry clinical skills evaluations + 3 CAP clinical skills evaluations = 5 total).

Residents in Standard CAP Training Programs

Q: When will the CAP clinical skills evaluations be required for residents entering regular CAP residency training programs?

A: CAP clinical skills evaluations will be required for residents entering regular CAP programs on or after July 1, 2010.

**Residents in Integrated CAP Training Programs
(Triple Board Residents, Integrated Psychiatry/CAP Programs)**

Q: When will the general psychiatry clinical skills evaluations be required for these residents?

A: They will be required for those who begin their PG-1 year on or after July 1, 2007, or their PG-2 year on or after July 1, 2008, regardless of the rotations they actually have in those years.

Q: When will the CAP clinical skills evaluations be required for these residents?

A: They will be required for those who begin their PG-1 year on or after July 1, 2007, or their PG-2 year on or after July 1, 2008, regardless of the rotations they actually have in those years.

Residents in Peds Portal Training (PPT) Programs

Q: When will the general psychiatry clinical skills evaluations be required for these residents?

A: They will be required for those who begin their first year of PPT training on or after July 1, 2008, regardless of the rotations they actually have in that year.

Q: When will the CAP clinical skills evaluations be required for these residents?

A: They will be required for those who begin their PPT training on or after July 1, 2010, regardless of the rotation structure within the PPT program.

Delay in Certification

Q: What are the CAP credentialing requirements for candidates who started CAP training before July 1, 2010, or an integrated/PPP program before July 1, 2008, who delay taking the CAP Part I (written) and Part II (oral) examinations beyond the period in which they are offered?

A: Candidates who do NOT complete the CAP certification process by December 31, 2017, will be required to submit documentation of satisfactory performance in the evaluation of CAP clinical skills completed by the current program director of an ACGME-accredited CAP program as part of the ABPN's credentialing process. They will be required to pass the new CAP Certification Examination.

If they have not started the CAP certification process by 2015, these residents may apply for the 2015 CAP certification examination as long as they meet current credentialing requirements. If CAP clinical skills evaluations were completed and documented during CAP residency training, then those CAP clinical skills evaluations will meet the ABPN credentialing requirements as long as the current CAP program director provides documentation that the clinical skills evaluations are in the candidate's residency training file and no more than five years has elapsed since the candidate completed the CAP program.

Patient Issues

Q: Can the evaluator know the patient?

A: Yes.

Q: Can the resident know the patient from previous clinical contact?

A: The patient must be unknown to the resident. A brief recounting of the patient in morning report does not disqualify the patient. Any interview with the patient or family or examination of any kind disqualifies the patient from being interviewed for a clinical skills evaluation.

Q: Do parents need to be interviewed?

A: Parents, other family members, guardians, etc. should be interviewed when available.

Q: Should the resident's relationship with the patient's family members be assessed?

A: Yes, when they are available. Relevant items appear in the rating forms and scales.

Q: Can introductory patient materials be provided to the resident?

A: Yes. Brief introductory materials, such as an intake form, may be provided to the resident.

Q: Can simulated or standardized patients be used for the clinical skills evaluations?

A: No.

Evaluation Format

Q: Can a videotape of a resident conducting an interview be used as the basis for a clinical skills evaluation?

A: No. The evaluations must be carried out in the context of a patient evaluation that is conducted in the presence of an ABPN-certified child and adolescent psychiatrist. Videotaped interactions cannot be used as the basis for the evaluation.

Q: Can the evaluator observe the interview through a one-way mirror?

A: Yes.

Q: Can programs embed these clinical skills evaluations into their regular curricula or do they have to be conducted in specially-designed sessions?

A: The ABPN requirements are silent on this issue; programs should conduct the evaluations in the manner that best suits them.

Q: What are the time allotments specified by the ABPN requirements?

A: The ABPN requirements specify that each evaluation session should last at least 45 minutes. The resident should be given a minimum of 30 minutes to conduct the psychiatric interview. Thereafter, he/she should have a minimum of 10-15 minutes to present the case. If the program has decided to assess additional competencies, the session may last longer.

Q: Do the ABPN requirements indicate that residents should be expected to gather sufficient history in the interview such that they would be able to discuss formulation, differential diagnosis, and treatment planning, even though those competency components are not being evaluated?

A: The ABPN assumes that acceptable performance on the psychiatric interview would yield sufficient information to proceed with a discussion of formulation, diagnosis, and treatment if a program wanted to add those optional competency components to its evaluation format. Programs are only required to document satisfactory completion of clinical skills evaluations that cover the physician-patient relationship, a developmentally appropriate psychiatric interview, and case presentation.

Evaluation Standards

Q: What is the ABPN standard for acceptable (pass) standard for each component of the CAP clinical skills evaluations?

A: Regardless of when during training the resident takes the evaluation, the standard for acceptable performance remains the same, i.e., that of a competent practicing child and adolescent psychiatrist as outlined in the ABPN requirements.

Q: Does a resident need to pass all three components (physician-patient relationship, developmentally appropriate psychiatric interview, and case presentation) of a clinical skills evaluation to receive credit for that evaluation?

A: Yes. A resident must pass all three components (physician-patient relationship, developmentally appropriate psychiatric interview, and case presentation) of a clinical skills evaluation to receive credit for that evaluation. He/she does not need to pass each subcomponent under the three major components.

Evaluation Forms

Q: What evaluation forms can be used for the clinical skills evaluations?

A: ABPN-approved forms (CAP CSV1 and CAP CSV2) are posted on the ABPN web site. Programs have the option of developing their own forms and submitting them to the ABPN for approval.

Q: What does the ABPN require in terms of documentation when a resident applies for certification?

A: At the time of application for certification, the ABPN requires attestation from the residency director that the resident performed acceptably on three clinical skills evaluations. This statement must include the names of the ABPN-certified evaluators and the dates of the evaluations. It is recommended that the program retain the evaluation forms as part of the resident's training file. The ABPN reserves the right to audit the evaluation process.