

**AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.
REQUIREMENTS FOR
CLINICAL SKILLS EVALUATION OF RESIDENTS IN
CHILD AND ADOLESCENT PSYCHIATRY (CAP)**

October 2011

General Principles

The clinical skills evaluation requirement is effective for residents who entered a standard residency training program in child and adolescent psychiatry on or after July 1, 2010.

The American Board of Psychiatry and Neurology (ABPN) requires that CAP residents demonstrate mastery of the following three components of the core competencies to apply for certification in the subspecialty of child and adolescent psychiatry. They are:

- Physician-patient relationship
- A developmentally appropriate psychiatric interview, including mental status examination
- Case presentation

All three competency components are to be assessed in the context of a patient evaluation that is conducted in the presence of an ABPN-certified child and adolescent psychiatrist. (Videotaped interactions or stimulated/standardized patients cannot be used as the basis for the evaluation.) **Three** CAP evaluations with **three** different CAP patients conducted during CAP training are required. Training programs may elect to do more such evaluations. They may also assess additional competency components in the evaluation, e.g., differential diagnosis, treatment planning.

One CAP clinical skills evaluation can be used to fulfill the 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).

Selection of Patients

At least two of the patients must come from different age groups:

- Preschool (0 to 6 years)
- School-aged (6 to 12 years)
- Adolescence (13 to 18 years)

Ideally, patients from all three age groups should be used. Information should also be obtained from a family member/guardian, when appropriate. The patients must be unknown to the resident; the resident must not have seen or examined the patient. The evaluations may be conducted in any clinical setting.

Evaluators

Each of the three evaluations must be conducted by an ABPN-certified child and adolescent psychiatrist. At least two of the evaluations must be conducted by different ABPN-certified child and adolescent psychiatrists. The evaluator must observe the resident's performance and score the resident on the physician-patient relationship; developmentally appropriate psychiatric interview, including mental status examination; and case presentation.

Duration of Each Evaluation

The length of the evaluation will be determined by each residency program based on the competency components to be assessed. At a minimum, 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 competency components, the session may last longer. If appropriate, the evaluator may give feedback to the resident.

Timing of the Evaluations

The evaluations may be administered at any time during CAP residency training; however, the ABPN encourages administering them throughout training. The ABPN anticipates that many residents may not perform acceptably on all their evaluations on the first attempt.

Evaluation Forms

Evaluations must be completed on ABPN-approved forms, and two versions (CAP CSV1 and CAP CSV2) are posted on the ABPN web site. Residency programs can add additional competencies/items for their own purposes, e.g., differential diagnosis, treatment planning. If programs develop their own forms, they must be submitted to the ABPN for approval.

Determination of Acceptable Performance

The individual evaluator will determine if the resident performed acceptably on each of the three competency components. An acceptable score is required for all three components. Regardless of when during training the resident takes the evaluation, the standard for acceptable performance, that of a competent practicing child and adolescent psychiatrist, remains the same.

Because the resident may take each of these clinical skills evaluations multiple times if necessary (which will not affect the resident's admissibility to the ABPN certification examination), there should not be pressure to score a resident's performance as acceptable on an evaluation. If a resident is unsuccessful in completing the evaluations, any remediation activities are the responsibility of the training program.

Submission of Documentation to the ABPN

At the time of application for certification, the ABPN requires attestation from the residency program director of an ACGME-accredited child and adolescent psychiatry program. Documentation must include a statement that the resident performed acceptably on three clinical skills evaluations and must include the full 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. The evaluations are valid for five years following completion of residency training.

Components of the Clinical Skills Evaluation and Scoring Criteria

Physician-Patient Relationship

For performance to be scored acceptable, the resident must develop rapport with the patient (and with parents/guardians when appropriate), respond appropriately to the patient (and to parents/guardians when appropriate), and follow cues presented by the patient (and by parents/guardians when appropriate).

Conduct of the Psychiatric Interview

For performance to be scored acceptable, the resident must obtain sufficient data from the patient (and from parents/guardians when appropriate) for formulation of a DSM Axes I-V differential diagnosis and developmental assessment; obtain psychiatric, developmental, medical, substance use, family, social/educational, and risk histories; screen for suicidality, homicidality, high risk behavior, abuse, and trauma in a developmentally appropriate manner; use developmentally appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions; and obtain developmentally-appropriate mental status observations.

Case Presentation

For performance to be scored acceptable, the resident must present an organized and accurate history, an organized and accurate summary of the mental status findings, and an assessment of the interaction between the parent/guardian and child/adolescent (when the parent/guardian is present).

Post-Residency Clinical Skills Evaluation

Child and adolescent psychiatry residency program directors may administer clinical skills evaluations for graduates of their programs or of other programs. All of the requirements for in-training evaluations will apply. The third evaluation must be completed within five years of the first evaluation, and they are valid for five years after completion of the third clinical skills evaluation. Documentation of successful completion must be received from the child and adolescent psychiatry residency program director.