

Neurology Clinical Evaluation Exercise (NEX v.1)

Examiner Name Examiner Signature

Resident Name Resident Signature

Case Scenario (please check one)

Date

Critical Care Ambulatory (headache, seizures, etc.)

Neuromuscular Neurodegenerative

Level of Training PG

Child Neurology for Adult Neurology Resident
OR

Age of Patient
(For Pediatric Cases)

Adult Neurology for Child Neurology Resident

Unacceptable 1 Very Poor 2 Poor 3 Unsatisfactory 4 Borderline but Unacceptable	Acceptable 5 Acceptable 6 Very Good 7 Excellent 8 Outstanding	Performance Ratings							
		Unacceptable				Acceptable			
A. Medical Interviewing Skills		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
B. Evaluation of Neurological Examination Skills		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Mental status		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Cranial nerves		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Sensory		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Motor exam		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Reflexes		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Cerebellar		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Station and gait		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C. Humanistic Qualities, Professionalism, and Counseling Skills		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
D. Overall Evaluation (score 1-8)		<input style="width: 230px; height: 25px;" type="text"/>				<input type="checkbox"/> Unacceptable <input type="checkbox"/> Acceptable			
E. Presentation/Formulation (score 1-8)		<input style="width: 230px; height: 25px;" type="text"/>							

Evaluator's Comments:
(Main strengths, weaknesses, and goals for improvement)