



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Requirements for Clinical Skills Evaluation in Psychiatry

November 2017

General Principles

All applicants seeking certification in psychiatry must successfully complete three clinical skills evaluations as part of the credentialing requirements to sit for the Psychiatry Certification Examination.

Clinical Skills Completed During Residency Training

The clinical skills evaluation (CSE) requirement became effective for residents who entered residency training in psychiatry on or after July 1, 2007 (PGY-1), or July 1, 2008 (PGY-2).

The clinical skills evaluation requirement is also effective for residents who entered a combined residency training program (Psychiatry/Internal Medicine; Psychiatry/Family Medicine; Psychiatry/Neurology; Pediatrics/Psychiatry/Child & Adolescent Psychiatry; Post Pediatrics Portal Program) on or after July 1, 2007, or as a PGY-2 on or after July 1, 2008, regardless of the rotations they actually have in those years.

The third clinical skills evaluation must be completed within five years of the first evaluation, and the evaluations are valid for seven years after completion of residency training.

Clinical Skills Completed After Residency Training

Psychiatrists who began training in psychiatry prior to July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2) may apply for the Psychiatry Certification Examination provided they complete the required clinical skills evaluations by July 31 of the year of the examination. These psychiatrists are required to submit documentation from the program director of an ACGME-accredited psychiatry program verifying successful completion of three clinical skills evaluations. Documentation must be received in the Board office by July 31 of the year of the examination.

Psychiatry residency directors may administer clinical skills evaluations for graduates of their programs or graduates of other programs. All the requirements and documentation for in-training evaluations will apply. The third evaluation must be completed within five years of the first evaluation, and the evaluations are valid for seven years after completion of the third evaluation.

Components of Clinical Skills Evaluations

The American Board of Psychiatry and Neurology (ABPN) requires that physicians demonstrate mastery of the following three components of the core competencies:

- Physician-patient relationship
- 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 a psychiatrist currently certified in psychiatry by the ABPN. (Videotaped interactions, simulated/standardized patients, or live video streaming cannot be used as the basis for the evaluation.) Three

evaluations with three different patients 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.

Selection of Patients

The selection of patients is at the discretion of the residency program director, and any patient type in any clinical setting may be used. The patients must be unknown to the physician; the physician must not have seen or examined the patient previously.

Non-English-speaking patients may be used in the patient interview and examination portion of the CSE, if the physician and the evaluator(s) also speak that language. Translators are not acceptable. The rest of the CSE must be conducted in English.

Evaluators

Each of the three evaluations must be conducted by a psychiatrist, currently certified by the ABPN in general psychiatry. At least two of the evaluations must be conducted by different ABPN-certified psychiatrists. The evaluator must observe the physician's performance and score the physician on the physician-patient relationship; 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 physician 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 physician.

Timing of the Evaluations

In-residency evaluations may be administered at any time during 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.

Evaluations of former residents or other psychiatrists may be administered at any time convenient to the residency program. Verification of successful completion of the clinical skills evaluations must be submitted to the ABPN by July 31 of the year of the examination.

Evaluation Forms

Evaluations must be completed on ABPN-approved forms, and two versions ([Psych CSV v1](#) and [Psych CSV v2](#)) are posted on the ABPN website. Residency programs may 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 physician performed acceptably on each of the three competency components. An acceptable score is required for all three components. Regardless of when during training a resident takes the evaluation, the standard for acceptable performance, that of a competent practicing psychiatrist, remains the same. The standard for a former resident is the same, that of a competent practicing psychiatrist.

Because a physician may take each of these clinical skills evaluations multiple times if necessary (which will not affect the physician'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. No such requirement applies to physicians no longer in training.

Submission of Documentation to the ABPN

Prior to approval of an application for certification, the ABPN requires attestation of successful completion of the clinical skills evaluations from the residency program director of an ACGME-accredited psychiatry program. Documentation must include a statement that the physician performed acceptably on three clinical skills evaluations, and must include the full names of the ABPN-certified evaluators and the exact dates of the evaluations. It is recommended that the program retain the evaluation forms as part of a resident's training file. The ABPN reserves the right to audit the evaluation process. The evaluations of residents are valid for seven years following completion of residency training. The evaluations of other psychiatrists are valid for seven years following completion of the final evaluation. The third clinical skills evaluation must be completed within five years of the first evaluation.

Documentation for psychiatry candidates must be received from the program director of an ACGME-accredited psychiatry residency program. Documentation of evaluations of physicians no longer in training must be in the same manner as that of current residents. All documentation must be received in the ABPN office by July 31 of the year of the examination.

Components of the Clinical Skills Evaluation and Scoring Criteria

Physician-Patient Relationship

For performance to be scored acceptable, the physician must develop rapport with the patient, respond appropriately to the patient, and follow cues presented by the patient.

Conduct of the Psychiatric Interview

For performance to be scored acceptable, the physician must obtain sufficient data for formulating an acceptable differential diagnosis; obtain psychiatric, medical, family, and social histories; screen for suicidal and homicidal ideation; use open- and close-ended questions as appropriate; and perform an adequate mental status examination. The DSM to be used is at the discretion of the program director.

Case Presentation

For performance to be scored acceptable, the physician must present an organized and accurate history and an organized and accurate summary of the mental status findings.