



American Board of Psychiatry and Neurology, Inc.

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

Neurology Clinical Skills Evaluation FAQs

The clinical evaluation requirement is effective for residents who entered residency training (PGY-2 for neurology, PGY-3 for child neurology) on or after July 1, 2005.

Patient Issues

Can the evaluator know the patient?

Yes.

Can the resident know the patient from previous clinical contact?

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.

Can introductory patient materials be provided to the resident?

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

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

No.

Evaluation Format

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

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

Can the evaluator observe the interview and neurological examination through a one-way mirror?

Yes.

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

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

What are the time allotments specified by the ABPN requirements?

The ABPN requirements specify that each evaluation session should last about 60 minutes. The resident should be given up to 45 minutes to conduct the history and neurological examination. Thereafter, he/she should have 10-15 minutes to present a summary of the important findings on history and neurological examination. If the program has decided to assess additional competencies, the session may last longer.

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 differential diagnosis and treatment, even though those competencies are not being evaluated?

The ABPN assumes that acceptable performance on the history and neurological examination would yield sufficient information to proceed with a discussion of diagnosis and treatment if a program wanted to add those optional competencies to its evaluation format. Programs are only required to document acceptable performance in medical interviewing; neurological examination; and humanistic qualities, professionalism, and counseling skills.

Evaluation Standards

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

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 neurologist/child neurologist as outlined in the ABPN requirements.

Does a resident need to pass all three components (medical interview; neurological examination; and humanistic qualities, professionalism, and counseling skills) of a clinical skills evaluation to receive credit for that evaluation?

Yes. A resident must pass all three components (medical interview; neurological examination; and humanistic qualities, professionalism, and counseling skills) 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

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

ABPN-approved forms (NEX v.1 and NEX v. 2) are posted on the ABPN website. Programs have the option of developing their own forms and submitting them to the ABPN for approval.

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

The ABPN requires that the director of an ACGME-accredited residency program attest that the resident performed acceptably on all five clinical skills evaluations, including the category of patient, the date of successful completion, and the names of the ABPN-certified evaluators. For child neurologists, the age of the patient must also be recorded. Hence, it is advisable to retain copies of the evaluation forms in the resident's training file.