



American Board of Psychiatry and Neurology, Inc.

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

Psychiatry Clinical Skills Evaluation FAQs

The clinical evaluation requirement is effective for residents who entered residency training in psychiatry as a PGY-1 on or after July 1, 2007, or as a PGY-2 on or after July 1, 2008.

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 psychiatrist. Videotaped interactions cannot be used as the basis for the evaluation.

Can the evaluator observe the interview 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 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.

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?

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, the psychiatric interview, including mental status examination, and case presentation.

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 psychiatrist as outlined in the ABPN requirements.

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

Yes. A resident must pass all three components (physician-patient relationship, 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

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

ABPN-approved forms (Psych CSV v1 and Psych CSV v2) 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?

At the time of application for certification, the ABPN requires attestation from the director of an ACGME-accredited residency program 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.

Double-Counting of Clinical Skills Evaluations for CAP Residents

Will double counting be allowed between general psychiatry and CAP clinical skills evaluations if done with adolescent or child patients, for example?

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. 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).

For other issues related to CAP (e.g., with regard to residents in Triple Board, Integrated Psychiatry/CAP, and Peds Portal Training (PPT) programs) please refer to the CAP FAQs.