

ABPN CLINICAL SKILLS VERIFICATION FORM (CSV v. 2)

Resident: _____ PGY: _____

Examiner: _____ Date: _____

Program Name: _____

Program ACGME Number: _____

Overall Grade	Unacceptable (Fail)				Acceptable (Pass)			
	①	②	③	④	⑤	⑥	⑦	⑧
For subsections, indicate if the performance was unacceptable or acceptable.								
Physician/Patient Relationship:		<input type="checkbox"/>				<input type="checkbox"/>		
Develops rapport with patient		<input type="checkbox"/>				<input type="checkbox"/>		
Responds appropriately to patient		<input type="checkbox"/>				<input type="checkbox"/>		
Follows cues presented by patient		<input type="checkbox"/>				<input type="checkbox"/>		
Conduct of the Interview:		<input type="checkbox"/>				<input type="checkbox"/>		
Obtains sufficient data for DSM Axes I-V differential diagnosis		<input type="checkbox"/>				<input type="checkbox"/>		
Obtains psychiatric, medical, family, and social histories		<input type="checkbox"/>				<input type="checkbox"/>		
Screens for suicidal and homicidal ideation		<input type="checkbox"/>				<input type="checkbox"/>		
Uses open- and close-ended questions		<input type="checkbox"/>				<input type="checkbox"/>		
Performs an adequate mental status examination		<input type="checkbox"/>				<input type="checkbox"/>		
Case Presentation:		<input type="checkbox"/>				<input type="checkbox"/>		
Organized and accurate presentation of history		<input type="checkbox"/>				<input type="checkbox"/>		
Organized and accurate presentation of mental status findings		<input type="checkbox"/>				<input type="checkbox"/>		

1-2 Very unacceptable
 •Gross negligence
 •Gross mismanagement

5-6 Acceptable
 •Several relatively minor inefficiencies or errors
 •Adequate

3-4 Unacceptable
 •Several important deficiencies
 •Unsatisfactory manner (disorganized)

7-8 Very acceptable
 •No significant criticisms
 •Up to the most current techniques and procedures

Comments section and optional items on reverse side.

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Comments:

Optional: Not for ABPN Credentialing Purposes

	Unacceptable (Fail)	Acceptable (Pass)
For subsections, indicate if the performance was unacceptable or acceptable.		
Differential Diagnosis/Formulation:	<input type="checkbox"/>	<input type="checkbox"/>
Offers sufficient number of plausible working diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
Discusses pertinent DSM axes I-V	<input type="checkbox"/>	<input type="checkbox"/>
Includes three dimensions in biopsychosocial formulation	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Plan/Prognosis:	<input type="checkbox"/>	<input type="checkbox"/>
Considers safety	<input type="checkbox"/>	<input type="checkbox"/>
Considers level of care	<input type="checkbox"/>	<input type="checkbox"/>
Considers medication	<input type="checkbox"/>	<input type="checkbox"/>
Considers psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Considers community resources	<input type="checkbox"/>	<input type="checkbox"/>
Discusses positive/negative prognosticators	<input type="checkbox"/>	<input type="checkbox"/>
Anticipates transference/countertransference	<input type="checkbox"/>	<input type="checkbox"/>