Psychiatry Clinical Skills Evaluation Form (CSV v.2)

Resident Name	Resident Signature
Level of Training PG Y	Date
Examiner Name	Examiner Signature
Patient Type	

Physician-Patient Relationship (overall)	Unacceptable						Acceptable				
Develops rapport with patient	1	2	3	3	4		5	6	7	8	
Responds appropriately to patient	1	2	3	3	4		5	6	7	8	
Follows cues presented by patient	1	2	3	3	4		5	6	7	8	
Psychiatric Interview (overall) Length of interview =		Unacceptable					Acceptable				
Obtains sufficient data for DSM differential diagnosis	1	2	3	3	4		5	6	7	8	
Obtains psychiatric, medical, family, and social histories	1	2	3	3	4		5	6	7	8	
Obtains cultural, racial, and ethnic histories	1	2	3	3	4		5	6	7	8	
Obtains gender identity and sexual histories	1	2	3	3	4		5	6	7	8	
Screens for suicidal and homicidal ideation	1	2	3	3	4		5	6	7	8	
Uses open- and close-ended questions	1	2	3	3	4		5	6	7	8	
Performs an adequate mental status examination	1	2	3	3	4		5	6	7	8	
Case Presentation (overall)	Unacceptable					Acceptable					
Organized and accurate presentation of history	1	2	3	3	4		5	6	7	8	
Organized and accurate presentation of mental status findings	1	2	3	3	4		5	6	7	8	

3-4	Unacceptable: Several important deficiencies or Unsatisfactory manner (disorganized)
5-6	Acceptable: Several relatively minor inefficiencies or errors or Adequate
7-8	Very Acceptable: No significant criticisms or reflects the most current techniques and procedures
Со	mments:

Very Unacceptable: Gross deficiencies or Gross mismanagement

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