Resident Name _____ Resident Signature _____

Level of Training PG ☐ Date _____

Examiner Name _____ Examiner Signature _____

Age of Patient _____ Parent/Guardian Included? ☐ Yes ☐ No

DIRECTIONS: Rate each item on pages 2 - 8 with a score from 1 - 8 based on the anchors listed.

Physician Patient Relationship (overall)	☐ **Acceptable**	☐ **Unacceptable**
Psychiatric Interview (overall) **Length of interview**	☐ **Acceptable**	☐ **Unacceptable**
Case Presentation (overall)	☐ **Acceptable**	☐ **Unacceptable**

Additional comments:

Resident Name _____ Date _____

Examiner Name _____

Physician Patient Relationship (overall)	☐ **Acceptable**	☐ **Unacceptable**

Develops rapport with patient (and parent/guardian when present)		
Excellent	Clear, developmentally appropriate introduction to and interaction with patient and parent figure Courteous, professional demeanor Exhibits warmth and empathy	☐ **8** ☐ **7**
Good	Acceptable developmental approach Adequate introduction Generally respectful Adequate empathy	☐ **6** ☐ **5**
Fair	Inconsistent use of developmentally appropriate communication style Inadequate introduction Inconsistent demeanor Lacks empathy	☐ **4** ☐ **3**
Poor	Fails to use developmentally appropriate communication style No introduction or misrepresentation of the situation Arrogant, disrespectful, awkward, rude, or inappropriate comments Obvious anger or frustration	☐ **2** ☐ **1**

Responds appropriately to patient (and parent/guardian when present)		
Excellent	Clear, developmentally appropriate introduction to and interaction with patient and parent figure Courteous, professional demeanor Exhibits warmth and empathy	☐ **8** ☐ **7**
Good	Acceptable developmental approach Adequate introduction Generally respectful Adequate empathy	☐ **6** ☐ **5**
Fair	Inconsistent use of developmentally appropriate communication style Inadequate introduction Inconsistent demeanor Lacks empathy	☐ **4** ☐ **3**
Poor	Fails to use developmentally appropriate communication style No introduction or misrepresentation of the situation Arrogant, disrespectful, awkward, rude, or inappropriate comments Obvious anger or frustration	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Follows cues presented by patient (and parent/guardian when present)		
Excellent	Responds in developmentally appropriate ways to verbal and nonverbal cues Follows up on all pertinent information Seeks clarification of ambiguous information	☐ **8** ☐ **7**
Good	Generally responds in developmentally appropriate ways to major verbal and nonverbal cues Generally follows up on major issues presented by the patient Misses no major verbal or nonverbal information	☐ **6** ☐ **5**
Fair	Inconsistent developmentally appropriate response to verbal and nonverbal cues Misses significant verbal and nonverbal information Fails to ask for clarification of ambiguous information	☐ **4** ☐ **3**
Poor	Ignores or fails to respond in developmentally appropriate ways to verbal and nonverbal cues Grossly misinterprets verbal or nonverbal information	☐ **2** ☐ **1**

Psychiatric Interview (overall) **Length of interview**	☐ **Acceptable**	☐ **Unacceptable**

Obtains sufficient data from the patient (and parent/guardian when present) for formulation of DSM differential diagnosis and developmental assessment		
Excellent	Assists the patient (and parent/guardian when present) in describing the full range of symptoms and history Explores all pertinent domains of information including development and family interactional history and observations Gathers adequate information for DSM checklists	☐ **8** ☐ **7**
Good	Allows patient (and parent/guardian when present) to describe major symptoms and history Explores the major domains of information including development and family interactional history and observations Focuses interview on DSM checklists	☐ **6** ☐ **5**
Fair	Misses important domains of information such as development and family interactional history and observations Shows little awareness or regard for DSM diagnoses Fails to consider alternative diagnoses Limits interview to DSM checklists	☐ **4** ☐ **3**
Poor	Fails to gather sufficient information for major diagnosis or developmental or family assessment Misinterprets or misrepresents diagnostic information	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Obtains psychiatric, developmental, medical, substance use, family, social/educational, cultural, racial, ethnic, gender identity, sexual, and risk (suicidality, homicidality, high-risk behavior, trauma, abuse) histories		
Excellent	Assists the patient (and parent/guardian when present) in presenting each aspect of the history Gathers a wide range of biopsychosocial and developmental information Maintains focus and logical progression of interview Appears comfortable with difficult or sensitive topics	☐ **8** ☐ **7**
Good	Allows the patient (and parent/guardian when present) to present an adequate range of material Gathers adequate biopsychosocial and developmental information Generally redirects the patient when necessary Somewhat uncomfortable with difficult or sensitive topics	☐ **6** ☐ **5**
Fair	Interrupts or interferes with the patient's story Misses important biopsychosocial and developmental information Fails to redirect or focus a disorganized or hyperverbal patient Avoids difficult or sensitive topics	☐ **4** ☐ **3**
Poor	Ignores pertinent areas of the biopsychosocial and developmental history Asks cursory, disorganized, or irrelevant questions Loses control of the interview Responds inappropriately to difficult or sensitive topics	☐ **2** ☐ **1**

Screens for suicidality, homicidality, high-risk behavior, abuse, and trauma in developmentally appropriate manner		
Excellent	Approaches topic frankly, but with sensitivity and empathy Asks questions appropriate to the context of the interview Follows up with specific questions Assesses specific risk factors, if relevant	☐ **8** ☐ **7**
Good	Approaches topic somewhat awkwardly Asks general screening questions only Follows up with 1-2 specific questions	☐ **6** ☐ **5**
Fair	Approaches topic with abrupt, accusatory, or incredulous manner Asks only indirect or cursory questions Obtains no detailed information	☐ **4** ☐ **3**
Poor	Fails to address safety issues including abuse, trauma, or suicidal or homicidal ideation Disregards pertinent information in the history regarding patient's risk factors	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Uses developmentally appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions		
Excellent	Uses frequent, well-structured open-ended questions Balances open and closed questions Consistently uses ancillary play materials when appropriate	☐ **8** ☐ **7**
Good	Uses occasional open-ended questions Often uses ancillary play materials when appropriate	☐ **6** ☐ **5**
Fair	Interview consists primarily of directive, closed-ended questions Inconsistent use of ancillary play materials when appropriate	☐ **4** ☐ **3**
Poor	Interview consists entirely of narrowly focused, closed-ended questions Fails to use ancillary play materials when appropriate	☐ **2** ☐ **1**

Obtains developmentally-appropriate mental status observations		
Excellent	Addresses all pertinent developmentally appropriate mental status observations Appropriate areas of the MSE were integrated into other parts of the interview	☐ **8** ☐ **7**
Good	Addresses most pertinent developmentally appropriate mental status observations Occasional areas of the MSE were integrated into other parts of the interview	☐ **6** ☐ **5**
Fair	Inconsistently addresses pertinent developmentally appropriate mental status observations Inconsistent integration of areas of the MSE into other parts of the interview	☐ **4** ☐ **3**
Poor	Fails to address pertinent developmentally appropriate mental status observations Fails to integrate areas of the MSE into other parts of the interviews	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Case Presentation (overall)	☐ **Acceptable**	☐ **Unacceptable**

Organized and accurate presentation of history		
Excellent	HPI accurately reflects the patient's story Presentation is logical, concise, and coherent History integrates all important developmental and biopsychosocial factors including safety issues, abuse, and trauma Presentation includes pertinent positive and negative findings Presentation leads to a clear understanding of the patient in a developmental context If parent/guardian is interviewed, history integrates observations of the child, parent, parent-child interaction, and history	☐ **8** ☐ **7**
Good	HPI generally reflects the patient's story Presentation can be followed History includes adequate discussion of developmental and biopsychosocial factors including safety issues, abuse, and trauma Presentation includes major pertinent negative findings Presentation leads to an adequate understanding of the patient	☐ **6** ☐ **5**
Fair	HPI ignores or inaccurately represents the patient's story Presentation is disorganized or chaotic History misses important developmental and biopsychosocial factors including safety issues, abuse, and trauma Presentation ignores some pertinent positive or negative findings Presentation leads to a poor understanding of the patient	☐ **4** ☐ **3**
Poor	HPI distorts or misinterprets the patient's story Presentation is incoherent or illogical History shows no awareness of developmental and biopsychosocial issues including safety issues, abuse, and trauma Presentation misinterprets or disregards pertinent positive or negative findings Presentation is grossly inaccurate	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Organized and accurate presentation of mental status findings		
Excellent	All developmentally relevant areas of the MSE are presented Accurate assessment of development is included Presentation is orderly, systematic, and easy to follow Standard terminology and nomenclature are used Findings are accurate and complete Pertinent negative findings are included An appropriate and accurate assessment of dangerousness/risk is included when developmentally appropriate Describes key dimensions of relatedness/relationships with examiner and/or parent/guardian	☐ **8** ☐ **7**
Good	Describes key dimensions of relatedness/relationships with examiner and/or parent/guardian Most developmentally relevant areas of the MSE are presented Presentation generally follows a standard outline Clear and meaningful terms are used All critical findings are included Most important negative findings are included An adequate assessment of dangerousness/risk is included when developmentally appropriate Describes most dimensions of relatedness/relationships with examiner and/or parent/guardian	☐ **6** ☐ **5**
Fair	Several pertinent developmentally relevant areas of the MSE are omitted Presentation is disorganized and rambling Ambiguous, inappropriate, or unclear terminology is used Some critical findings are omitted or misrepresented Important negative findings are omitted Assessment of dangerousness/risk when developmentally appropriate is inadequate or only partially accurate Describes few dimensions of relatedness/relationships with examiner and/or parent/guardian	☐ **4** ☐ **3**
Poor	Many developmentally pertinent areas of the MSE are omitted Fails to accurately describe developmental level Presentation is incoherent and impossible to follow Inaccurate, meaningless, or inappropriate terminology is used Most critical findings are omitted or misrepresented Negative findings are not included Developmentally appropriate assessment of dangerousness/risk is ignored Fails to describe important dimensions of relatedness/relationships with examiner and/or parent/guardian	☐ **2** ☐ **1**

Resident Name _____ Date _____

Examiner Name _____

Presents an assessment of the interaction between parent/guardian and child/adolescent (when parent/guardian is present)		
Excellent	Fully describes the emotional tone between parent/guardian and child/adolescent Fully describes the quality and clarity of communication between parent/guardian and child/adolescent Fully describes the responsiveness of the parent/guardian to the child/adolescent's symptoms Fully describes the parent/guardian's ability to understand the child/adolescent's problems Fully describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems	☐ **8** ☐ **7**
Good	Mostly describes the emotional tone between parent/guardian and child/adolescent Mostly describes the quality and clarity of communication between parent/guardian and child/adolescent Mostly describes the responsiveness of the parent/guardian to the child/adolescent's symptoms Mostly describes the parent/guardian's ability to understand the child/adolescent's problems Mostly describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems	☐ **6** ☐ **5**
Fair	Sometimes describes the emotional tone between parent/guardian and child/adolescent Sometimes describes the quality and clarity of communication between parent/guardian and child/adolescent Sometimes describes the responsiveness of the parent/guardian to the child/adolescent's symptoms Sometimes describes the parent/guardian's ability to understand the child/adolescent's problems Sometimes describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems	☐ **4** ☐ **3**
Poor	Fails to describe the emotional tone between parent/guardian and child/adolescent Fails to describe the quality and clarity of communication between parent/guardian and child/adolescent Fails to describe the responsiveness of the parent/guardian to the child/adolescent's symptoms Fails to describe the parent/guardian's ability to understand the child/adolescent's problems Fails to describe the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems	☐ **2** ☐ **1**

November 2020