Child and Adolescent Psychiatry Clinical Skills Evaluation Form (CAP-CSV v.2) Page 1 of 2

Resident Name _____ Resident Signature _____

Level of Training PG ☐ Date _____

Examiner Name _____ Examiner Signature _____

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

1-2 Very Unacceptable: Gross negligence or Gross mismanagement
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

Physician-Patient Relationship (overall)	☐ **Unacceptable**	☐ **Acceptable**
Develops rapport with patient (and parent/guardian when present)	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Responds appropriately to patient (and parent/guardian when present)	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Follows cues presented by patient (and parent/guardian when present)	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**

Psychiatric Interview (overall) **Length of interview=**	☐ **Unacceptable**	☐ **Acceptable**
Obtains sufficient data from the patient (and parent/guardian when present) for formulation for DSM differential diagnosis and developmental assessment	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Obtains psychiatric, developmental, medical, substance abuse, family, social/educational and risk (suicidality, homicidality, high-risk behavior, trauma, abuse) histories	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Screens for suicidality, homicidality, high-risk behavior, abuse, and trauma in developmentally appropriate manner	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Uses developmentally appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Obtains developmentally-appropriate mental status observations	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**

Case Presentation (overall)	☐ **Unacceptable**	☐ **Acceptable**
Organized and accurate presentation of history	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Organized and accurate presentation of mental status findings	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**
Presents an assessment of the interaction between parent/guardian and child/adolescent (when parent/guardian is present)	☐ **1** ☐ **2** ☐ **3** ☐ **4**	☐ **5** ☐ **6** ☐ **7** ☐ **8**

Resident Name | Date

Examiner Name

Put Comments Here: