



American Board of Psychiatry and Neurology, Inc.

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

Requirements for Clinical Skills Evaluation of Residents in Child and Adolescent Psychiatry

General Principles

All applicants seeking certification in child and adolescent psychiatry must complete the required clinical skills evaluations as part of the credentialing requirements to sit for the Child and Adolescent Psychiatry Certification Examination.

Clinical Skills Completed During Residency Training

The clinical skills evaluation (CSE) requirement became effective for residents who entered a standard residency training program in child and adolescent psychiatry (CAP) on or after July 1, 2010. Residents who entered one of the Pediatrics/Psychiatry/Child & Adolescent Psychiatry programs on or after July 1, 2007 (PGY-1) or July 1, 2008 (PGY-2) must also complete clinical skills evaluations, regardless of the rotations they actually have in those years. Residents who entered one of the Post Pediatrics Portal Programs on or after July 1, 2008 (PGY-2) must also complete clinical skills evaluations, regardless of the rotations they actually have in those years.

The third evaluation must be completed within five years of the first evaluation, and the evaluations are valid for seven years after completion of residency training.

Clinical Skills Completed After Residency Training

Child and adolescent psychiatrists who began CAP training prior to July 1, 2010 may apply for the Child and Adolescent Psychiatry Certification Examination provided they complete the required clinical skills evaluations by July 31 of the year of the examination. These child and adolescent psychiatrists must submit documentation from the program director of an ACGME-accredited CAP program verifying successful completion of three clinical skills evaluations. Documentation must be received in the Board office by July 31 of the year of the certification examination.

Child and adolescent psychiatry residency directors may administer clinical skills evaluations for graduates of their programs or graduates of other programs. All the requirements and documentation for in-training evaluations will apply. The third evaluation must be completed within five years of the first evaluation, and the evaluations are valid for seven years after completion of the third evaluation.

Components of Clinical Skills Evaluations

The American Board of Psychiatry and Neurology (ABPN) requires that child and adolescent psychiatrists demonstrate mastery of the following three components of the core competencies to apply for certification in the subspecialty of child and adolescent psychiatry. They are:

- Physician-patient relationship
- A developmentally appropriate psychiatric interview, including mental status examination
- Case presentation

All three competency components are to be assessed in the context of a patient evaluation that is conducted in the presence of an ABPN-certified child and adolescent psychiatrist. A maximum of one of the three evaluations may be completed with an actual patient via live video streaming *if* the clinical setting uses telehealth as part of its patient care offerings and *if* the patient is clinically appropriate to be seen via telehealth. Please note that the psychiatrist assessor must be *physically present in the same room as the trainee for the entire evaluation*, whether the patient is being seen in person or remotely. As well, the patient evaluation must be with a live actual patient; videorecorded interactions or simulated/standardized patients cannot be used as the basis for the evaluation. Three CAP evaluations with three different CAP patients conducted during CAP training are required. Training programs may elect to do more such evaluations. They may also assess additional competency components in the evaluation, e.g., differential diagnosis, treatment planning.

One CAP clinical skills evaluation can be used to fulfill the 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. Hence, 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).

Selection of Patients

At least two of the patients must come from different age groups:

- Preschool (0 to 6 years)
- School-aged (6 to 12 years)
- Adolescence (13 to 18 years)

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Ideally, patients from all three age groups should be used. Information should also be obtained from a family member/guardian, when appropriate. The patients must be unknown to the physician; the physician must not have seen or examined the patient previously. The evaluations may be conducted in any clinical setting.

Non-English speaking patients may be used in the patient interview and examination portion of the CSE, if the physician and the evaluator(s) also speak that language. Translators are not acceptable. The rest of the CSE must be conducted in English.

Evaluators

Each of the three evaluations must be conducted by an ABPN-certified child and adolescent psychiatrist. At least two of the evaluations must be conducted by different ABPN-certified child and adolescent psychiatrists. The evaluator must observe the physician's performance and score the physician on the physician-patient relationship; developmentally appropriate psychiatric interview, including mental status examination; and case presentation.

Duration of Each Evaluation

The length of the evaluation will be determined by each residency program based on the competency components to be assessed. At a minimum, each evaluation session should last at least 45 minutes. The physician 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

competency components, the session may last longer. If appropriate, the evaluator may give feedback to the physician.

Timing of the Evaluations

The evaluations may be administered at any time during CAP residency training; however, the ABPN encourages administering them throughout training. The ABPN anticipates that many residents may not perform acceptably on all their evaluations on the first attempt.

Evaluations of former residents or other child and adolescent psychiatrists may be administered at any time convenient to the residency program. Verification of successful completion of the clinical skills evaluations must be submitted to the ABPN by July 31 of the year of the certification examination.

Evaluation Forms

Evaluations must be completed on ABPN-approved forms, and two versions ([CAP CSV1](#) and [CAP CSV2](#)) are posted on the ABPN website. Residency programs can add additional competencies/items for their own purposes, e.g., differential diagnosis, treatment planning. If programs develop their own forms, they must be submitted to the ABPN for approval.

Determination of Acceptable Performance

The individual evaluator will determine if the physician performed acceptably on each of the three competency components. An acceptable score is required for all three components. Regardless of when during training a resident takes the evaluation, the standard for acceptable performance, that of a competent practicing child and adolescent psychiatrist, remains the same. The standard for a former resident or other child and adolescent psychiatrist is the same, that of a competent practicing child and adolescent psychiatrist.

Because physicians may take each of these clinical skills evaluations multiple times if necessary (which will not affect the physician's admissibility to the ABPN certification examination), there should not be pressure to score a physician's performance as acceptable on an evaluation.

If a physician is unsuccessful in completing the evaluations, any remediation activities are the responsibility of the training program. No such requirement applies to physicians no longer in training.

Submission of Documentation to the ABPN

Prior to approval of an application for certification, the ABPN requires attestation from the residency program director of an ACGME-accredited CAP program. Documentation must include a statement that the physician performed acceptably on three clinical skills evaluations and must include the full names of the ABPN-certified evaluators and the exact dates of the evaluations. It is recommended that the program retain the evaluation forms as part of a resident's training file. The ABPN reserves the right to audit the evaluation process. The evaluations are valid for seven years following completion of residency training. The evaluations of other child and adolescent psychiatrists are valid for seven years following completion of the final evaluation.

Documentation for CAP candidates must be received from the program director of an ACGME-accredited CAP residency program. Documentation of evaluations of physicians no longer in training must be in the same

manner as that of current residents. All documentation must be received in the ABPN office by July 31 of the year of the examination.

Components of the Clinical Skills Evaluation and Scoring Criteria

Physician-Patient Relationship

For performance to be scored acceptable, the physician must develop rapport with the patient (and with parents/guardians when appropriate), respond appropriately to the patient (and to parents/guardians when appropriate), and follow cues presented by the patient (and by parents/guardians when appropriate).

Conduct of the Psychiatric Interview

For performance to be scored acceptable, the physician must obtain sufficient data from the patient (and from parents/guardians when appropriate) for formulation of a DSM differential diagnosis and developmental assessment; obtain psychiatric, developmental, medical, substance use, family, social/educational, and risk histories; screen for suicidality, homicidality, high risk behavior, abuse, and trauma in a developmentally appropriate manner; use developmentally appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions; and obtain developmentally-appropriate mental status observations. The DSM to be used is at the discretion of the program director.

Case Presentation

For performance to be scored acceptable, the physician must present an organized and accurate history, an organized and accurate summary of the mental status findings, and an assessment of the interaction between the parent/guardian and child/adolescent (when the parent/guardian is present).

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Specific Requirements for Pediatrics/Psychiatry/Child & Adolescent Psychiatry Training Programs

Residents in Pediatrics/Psychiatry/Child & Adolescent Psychiatry programs must complete clinical skills evaluations in the same manner as residents training in categorical psychiatry and child and adolescent psychiatry programs. Such residents must successfully complete three child and adolescent psychiatry clinical skills evaluations and a minimum of two general psychiatry clinical skills evaluations.

Specific Requirements for Post Pediatrics Portal Training Programs

Residents in Post Pediatrics Portal Programs must complete clinical skills evaluations in the same manner as residents training in categorical psychiatry and child and adolescent psychiatry programs. Post Pediatrics Portal Program residents must successfully complete three child and adolescent psychiatry clinical skills evaluations and a minimum of two general psychiatry clinical skills evaluations.

Requirements for general psychiatry clinical skills evaluations may be found in the document “[Requirements for Clinical Skills Evaluation in Psychiatry](#)” available on the ABPN website.