

**Child and Adolescent Psychiatry CLINICAL SKILLS EVALUATION FORM (CAP-CSV v.1) Page 1 of 8**

Resident Name	<input type="text"/>	Resident Signature	<input type="text"/>
Level of Training PG	<input type="checkbox"/>	Date	<input type="text"/>
Examiner Name	<input type="text"/>	Examiner Signature	<input type="text"/>
Age of Patient	<input type="text"/>	Parent/Guardian Included?	<input type="radio"/> Yes <input type="radio"/> No

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

**1. Physician Patient Relationship (overall):**  Acceptable  Unacceptable

**2. Psychiatric Interview (overall):**  Acceptable  Unacceptable  
Length of interview = \_\_\_\_\_

**3. Case Presentation (overall):**  Acceptable  Unacceptable

Put Comments Here:

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Resident Name  Date

Examiner Name

**1. Physician Patient Relationship (overall):**  Acceptable  Unacceptable

**1-1. Develops rapport with patient (and parent/guardian when present)**

Excellent:	Clear, developmentally appropriate introduction to and interaction with patient and parent figure	<input type="radio"/> 8
	Courteous, professional demeanor	<input type="radio"/> 7
	Exhibits warmth and empathy	
Good:	Acceptable developmental approach	<input type="radio"/> 6
	Adequate introduction	<input type="radio"/> 5
	Generally respectful	
	Adequate empathy	
Fair:	Inconsistent use of developmentally appropriate communication style	<input type="radio"/> 4
	Inadequate introduction	<input type="radio"/> 3
	Inconsistent demeanor	
	Lacks empathy	
Poor:	Fails to use developmentally appropriate communication style	<input type="radio"/> 2
	No introduction or misrepresentation of the situation	<input type="radio"/> 1
	Arrogant, disrespectful, awkward, rude, or inappropriate comments	
	Obvious anger or frustration	

**1-2. Responds appropriately to patient (and parent/guardian when present)**

Excellent:	Responds empathically to verbal and nonverbal cues	<input type="radio"/> 8
	Adjusts interview to patient's developmental level and cultural background	<input type="radio"/> 7
	Adjusts interview to new information	
	In excellent manner, guides and manages the parent/guardian - child/adolescent interaction	
Good:	Adequate developmental response to verbal and nonverbal cues	<input type="radio"/> 6
	Occasional use of technical jargon	<input type="radio"/> 5
	Adjusts interview to most new information	
	Guides and manages the parent/guardian - child/adolescent interaction well	
Fair:	Misses important verbal and non-verbal cues	<input type="radio"/> 4
	Inconsistent awareness of patient's developmental level or cultural background	<input type="radio"/> 3
	Shows minimal response to sensitive information	
	Inflexible interviewing style	
	Fair guiding and management of the parent/guardian - child/adolescent interaction	
Poor:	Unaware of patient's developmental level or cultural background	<input type="radio"/> 2
	Responds with angry, abusive or dismissive comments	<input type="radio"/> 1
	Frequently loses composure	
	Criticizes, demeans, or condemns patient	
	Poorly guides and manages the parent/guardian - child/adolescent interaction	

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Resident Name  Date

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**1-3. 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	<input type="radio"/> 8 <input type="radio"/> 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	<input type="radio"/> 6 <input type="radio"/> 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	<input type="radio"/> 4 <input type="radio"/> 3
Poor:	Ignores or fails to respond in developmentally appropriate ways to verbal and nonverbal cues Grossly misinterprets verbal or nonverbal information	<input type="radio"/> 2 <input type="radio"/> 1

<b>2. Psychiatric Interview (overall):</b>	<input type="radio"/> Acceptable	<input type="radio"/> Unacceptable
Length of interview = _____		

**2-1. Obtains sufficient data from the patient (and parent/guardian when present) for formulation of DSM Axes I-V 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	<input type="radio"/> 8 <input type="radio"/> 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	<input type="radio"/> 6 <input type="radio"/> 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	<input type="radio"/> 4 <input type="radio"/> 3
Poor:	Fails to gather sufficient information for major diagnosis or developmental or family assessment Misinterprets or misrepresents diagnostic information	<input type="radio"/> 2 <input type="radio"/> 1

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**2-2. Obtains psychiatric, developmental, medical, substance use, family, social/educational, 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	<input type="radio"/> 8
	Gathers a wide range of biopsychosocial and developmental information	<input type="radio"/> 7
	Maintains focus and logical progression of interview	<input type="radio"/> 6
	Appears comfortable with difficult or sensitive topics	<input type="radio"/> 5
Good:	Allows the patient (and parent/guardian when present) to present an adequate range of material	<input type="radio"/> 6
	Gathers adequate biopsychosocial and developmental information	<input type="radio"/> 5
	Generally redirects the patient when necessary	<input type="radio"/> 4
	Somewhat uncomfortable with difficult or sensitive topics	<input type="radio"/> 3
Fair:	Interrupts or interferes with the patient's story	<input type="radio"/> 4
	Misses important biopsychosocial and developmental information	<input type="radio"/> 3
	Fails to redirect or focus a disorganized or hyperverbal patient	<input type="radio"/> 2
	Avoids difficult or sensitive topics	<input type="radio"/> 1
Poor:	Ignores pertinent areas of the biopsychosocial and developmental history	<input type="radio"/> 2
	Asks cursory, disorganized, or irrelevant questions	<input type="radio"/> 1
	Loses control of the interview	<input type="radio"/> 1
	Responds inappropriately to difficult or sensitive topics	<input type="radio"/> 1

**2-3. Screens for suicidality, homicidality, high-risk behavior, abuse, and trauma in developmentally appropriate manner**

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

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**2-4. 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	<input type="radio"/> 8
	Balances open and closed questions Consistently uses ancillary play materials when appropriate	<input type="radio"/> 7
Good:	Uses occasional open-ended questions	<input type="radio"/> 6
	Often uses ancillary play materials when appropriate	<input type="radio"/> 5
Fair:	Interview consists primarily of directive, closed-ended questions	<input type="radio"/> 4
	Inconsistent use of ancillary play materials when appropriate	<input type="radio"/> 3
Poor:	Interview consists entirely of narrowly focused, closed-ended questions	<input type="radio"/> 2
	Fails to use ancillary play materials when appropriate	<input type="radio"/> 1

**2-5. Obtains developmentally-appropriate mental status observations**

Excellent:	Addresses all pertinent developmentally appropriate mental status observations	<input type="radio"/> 8
	Appropriate areas of the MSE were integrated into other parts of the interview	<input type="radio"/> 7
Good:	Addresses most pertinent developmentally appropriate mental status observations	<input type="radio"/> 6
	Occasional areas of the MSE were integrated into other parts of the interview	<input type="radio"/> 5
Fair:	Inconsistently addresses pertinent developmentally appropriate mental status observations	<input type="radio"/> 4
	Inconsistent integration of areas of the MSE into other parts of the interview	<input type="radio"/> 3
Poor:	Fails to address pertinent developmentally appropriate mental status observations	<input type="radio"/> 2
	Fails to integrate areas of the MSE into other parts of the interview	<input type="radio"/> 1

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**3. Case Presentation (overall):**  **Acceptable**  **Unacceptable**

**3-1. 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 <input type="radio"/> 8 Presentation includes pertinent positive and negative findings <input type="radio"/> 7 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
Good:	HPI generally reflects the patient's story Presentation can be followed <input type="radio"/> 6 History includes adequate discussion of developmental and biopsychosocial factors including safety issues, abuse, and trauma <input type="radio"/> 5 Presentation includes major pertinent negative findings Presentation leads to an adequate understanding of the patient
Fair:	HPI ignores or inaccurately represents the patient's story Presentation is disorganized or chaotic <input type="radio"/> 4 History misses important developmental and biopsychosocial factors including safety issues, abuse, and trauma <input type="radio"/> 3 Presentation ignores some pertinent positive or negative findings Presentation leads to a poor understanding of the patient
Poor:	HPI distorts or misinterprets the patient's story Presentation is incoherent or illogical <input type="radio"/> 2 History shows no awareness of developmental and biopsychosocial issues including safety issues, abuse, and trauma <input type="radio"/> 1 Presentation misinterprets or disregards pertinent positive or negative findings Presentation is grossly inaccurate

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**3-2. 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	<input type="radio"/> 8  <input type="radio"/> 7
Good:	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	<input type="radio"/> 6  <input type="radio"/> 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	<input type="radio"/> 4  <input type="radio"/> 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	<input type="radio"/> 2  <input type="radio"/> 1

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**3-3. 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 <input type="radio"/> 8 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 <input type="radio"/> 7 Fully describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems
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 <input type="radio"/> 6 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 <input type="radio"/> 5 Mostly describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems
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 <input type="radio"/> 4 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 <input type="radio"/> 3 Sometimes describes the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems
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 <input type="radio"/> 2 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 <input type="radio"/> 1 Fails to describe the quality of the parent/guardian - child/adolescent collaboration around psychosocial problems