## **PSYCHIATRY CLINICAL SKILLS EVALUATION FORM (CSV v.2)**

Resident Name	Resident Signature		
Level of Training PG	Date		
Examiner Name	Examiner Signature		
Patient Type			
PHYSICIAN-PATIENT RELATIONSHIP (overall):	○ Unacceptable	○ Acceptable	
Develops rapport with patient	O1 O2 O3 O4	○5 ○6 ○7 ○ 8	
Responds appropriately to patient	O1 O2 O3 O4	<u></u>	
Follows cues presented by patient	○1 ○2 ○3 ○4	<u></u>	
PSYCHIATRIC INTERVIEW (overall): Length of interview =	○ Unacceptable	○ Acceptable	
Obtains sufficient data for DSM Axes I-V differential of	diagnosis O1 O2 O3 O4	C5 C6 C7 C8	
Obtains psychiatric, medical, family, and social histo	ries	C5 C6 C7 C8	
Screens for suicidal and homicidal ideation	O1 O2 O3 O4	C5 C6 C7 C8	
Uses open- and close-ended questions	O1 O2 O3 O4	C5 C6 C7 C8	
Performs an adequate mental status examination	O1 O2 O3 O4	<u></u>	
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	s findings O1 O2 O3 O4	<u></u>	
1-2 Very Unacceptable	5-6 Acceptable  · Several relatively minor ineffi · Adequate	Several relatively minor inefficiencies or errors	
3-4 Unacceptable	7-8 Very Acceptable  · No significant criticisms  · Reflects the most current tec		
Comments:			