

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

Resident Name	<input style="width: 90%;" type="text"/>	Resident Signature	<input style="width: 90%;" type="text"/>
Level of Training PG	<input style="width: 40px; height: 20px;" type="checkbox"/>	Date	<input style="width: 90%;" type="text"/>
Examiner Name	<input style="width: 90%;" type="text"/>	Examiner Signature	<input style="width: 90%;" type="text"/>
Age of Patient	<input style="width: 90%;" type="text"/>	Parent/Guardian Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Acceptable
Physician-Patient Relationship (overall)		
Develops rapport with patient (and parent/guardian when present)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Responds appropriately to patient (and parent/guardian when present)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Follows cues presented by patient (and parent/guardian when present)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Psychiatric Interview (overall)		
Length of interview = _____		
Obtains sufficient data from the patient (and parent/guardian when present) for formulation for DSM differential diagnosis and developmental assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Obtains psychiatric, developmental, medical, substance abuse, family, social/educational and risk (suicidality, homicidality, high-risk behavior, trauma, abuse) histories	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Screens for suicidality, homicidality, high-risk behavior, abuse, and trauma in developmentally appropriate manner	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Uses developmentally appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Obtains developmentally-appropriate mental status observations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Case Presentation (overall)		
Organized and accurate presentation of history	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Organized and accurate presentation of mental status findings	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Presents an assessment of the interaction between parent/guardian and child/adolescent (when parent/guardian is present)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

- 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

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Resident Name

Date

Examiner Name

Put Comments Here: