Neurology Clinical Evaluation Exercise (NEX v.1)

Examiner Name [   ]　　Examiner Signature [   ]

Resident Name [   ]　　Resident Signature [   ]

Case Scenario (please check one)　　　　　　　　　　Date [   ]

☐ Critical Care　　　　☐ Ambulatory (headache, seizures, etc.)

☐ Neuromuscular　　　☐ Neurodegenerative　　　　Level of Training PG [   ]

☐ Child Neurology for Adult Neurology Resident
OR　　　　　　　　　　　　　　　　　　　　　　　　Age of Patient [   ]
☐ Adult Neurology for Child Neurology Resident　　　(For Pediatric Cases)

Unacceptable / Acceptable	Performance Ratings	
1 Very Poor　5 Acceptable 2 Poor　6 Very Good 3 Unsatisfactory　7 Excellent 4 Borderline but　8 Outstanding Unacceptable	**Unacceptable**	**Acceptable**
A. Medical Interviewing Skills	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
B. Evaluation of Neurological Examination Skills	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Mental status	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Cranial nerves	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Sensory	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Motor exam	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Reflexes	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Cerebellar	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
Station and gait	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8
C. Humanistic Qualities, Professionalism, and Counseling Skills	☐1　☐2　☐3　☐4	☐5　☐6　☐7　☐8

D. Overall Evaluation (score 1-8) [   ]　☐ Unacceptable　☐ Acceptable

E. Presentation/Formulation (score 1-8) [   ]

Evaluator's Comments:
(Main strengths, weaknesses, and goals for improvement)
[   ]