

ORAL EXAMINATION EVALUATION—LIVE ADOLESCENT INTERVIEW

Resident: _____

Evaluator: _____

Date: _____

Needs Improvement					
		Satisfactory			Superior

Physician/Patient Relationship:

- Introduces him/herself, explains purpose of the interview.....
- Develops a working alliance/rapport with patient.....
- Responds appropriately to patient’s affect.....
- Follows cues presented by patient.....
- Note-taking does not interfere with interview.....
- Effective communication, using understandable language and cultural sensitivity. .
- Concludes interview in appropriate fashion.....

Conduct of the Interview:

- Obtains sufficient data, positive and negative, for DSM-IV differential diagnosis....
- Obtains screening data on past psychiatric, medical, family and social histories....
- Screens for suicidal and homicidal ideation.....
- Inquires about substance abuse.....
- Uses open-ended questions in structured interview approach.....
- Conducts cohesive and organized interview.....

Presentation:

- Organized presentation of history and mental status in standard format.....
- Prioritizes information obtained in interview.....
- Mental status observations are accurate.....
- Formulation synthesizes data.....
- Able to discuss developmental aspects of case.....

Phenomenology, Diagnosis and Prognosis:

- Reasonable differential diagnosis using DSM-IV terminology and criteria.....
- Demonstrates knowledge of phenomenology of disorders discussed.....
- Recognizes medical and medication factors contributing to patient illness.....
- Develops appropriate plan for further evaluation (other sources, labs, consultations).....
- Recognizes cross cultural issues and incorporates into understanding of patient. . .
- Able to discuss positive and negative prognostic factors.....

Treatment Planning:

- Treatment plan addresses safety issues.....
- Presents problem list to be addressed by selected treatments.....
- Appropriate level of treatment (inpatient, day hospital, outpatient or residential).
- Discusses medication indications, dosage, side effects, and necessary work-up.....
- Discusses appropriate psychotherapies, focus or themes, and potential difficulties.
- Describes appropriate interventions with family/caretakers.....
- Describes appropriate involvement with school and other social agencies.....

Please write additional comments on the back.

FINAL IMPRESSION: PASS CONDITIONAL PASS FAIL

ORAL EXAMINATION EVALUATION

Indicate which exam by checking the appropriate box: **VIDEOTAPE** **VIGNETTE**

Resident: _____ **Evaluator:** _____ **Date:** _____

	Need s impr ove men t		Sati sfa cto ry		S up eri or
<u>Clinical Observations:</u>					
Identifies pertinent clinical problems.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recognizes missing information on signs and symptoms relevant to case.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Describes potential safety issues (suicidal or homicidal ideation, abuse).....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Identifies missing information from history (development, family, medical, social)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Considers alternative explanations for observations.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Develops appropriate plan for further evaluation (other sources, labs, consultations).....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
VIDEOTAPE ONLY: Accurately describes interactions between interviewer and patient.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Presentation:</u>					
Organized presentation of history and mental status in standard format.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Prioritizes information obtained in interview.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mental status observations are accurate.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Formulation synthesizes data.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Able to discuss developmental aspects of case.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
VIGNETTE ONLY - Consultation/Liaison Questions:					
Understands role in providing consultation.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Identifies the problem or question posed by the consultation request.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Able to discuss the relevant legal, ethical and interpersonal issues.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Devises an appropriate intervention plan.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Phenomenology, Diagnosis and Prognosis:</u>					
Reasonable differential diagnosis using DSMIV terminology and criteria.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Demonstrates knowledge of phenomenology of disorders discussed.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recognizes medical and medication factors contributing to patient illness.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recognizes cross cultural issues and incorporates into understanding of patient..	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Able to discuss positive and negative prognostic factors.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Treatment Planning:</u>					
Treatment plan addresses safety issues.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Presents problem list to be addressed by selected treatments.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Appropriate level of treatment (inpatient, day hospital, outpatient or residential)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Discusses medication indications, dosage, side effects, and necessary work-up. .	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Discusses appropriate psychotherapies, focus or themes, and potential difficulties	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Describes appropriate interventions with family/caretakers.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Describes appropriate involvement with school and other social agencies.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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