General Principles

The American Board of Psychiatry and Neurology (ABPN) requires that CAP residents demonstrate mastery of the following three components of the core competencies to apply for certification in the subspecialty of child and adolescent psychiatry. They are:

- Physician-patient relationship
- A developmentally appropriate psychiatric interview, including mental status examination
- Case presentation

All three competency components are to be assessed in the context of a patient evaluation that is conducted in the presence of an ABPN-certified psychiatrist. (Videotaped interactions cannot be used as the basis for the evaluation.) Three CAP evaluations with three different CAP patients conducted during CAP training are required. An individual training program may elect to do more such evaluations.

One CAP clinical skills evaluation can be used to fulfill the general psychiatry requirement for successful completion of three clinical skills evaluations. However, the clinical skills evaluation requirement for general psychiatry residents cannot be used to fulfill the clinical skills requirement for CAP residents. Hence, CAP residents can complete credentialing requirements for both general psychiatry and CAP by successfully completing five evaluations (2 general psychiatry clinical skills evaluations + 3 CAP clinical skills evaluations = 5 total).

Selection of Patients

At least two of the patients must come from different age groups (preschool, school-aged, and adolescence). Ideally, patients from all three age groups should be used. Information should also be obtained from a family member/guardian, when appropriate. The patients should be unknown to the resident; the resident should not have seen or examined the patient. The evaluations may be done in any clinical setting and at any time during the residency.

Evaluators

Each of the three required evaluations must be conducted by an ABPN-certified child and adolescent psychiatrist. At least two of the evaluations must be conducted by different ABPN-certified child and adolescent psychiatrists. The evaluator must observe the resident’s performance and score the resident on the physician-patient relationship; developmentally appropriate psychiatric interview, including mental status examination; and case presentation. Programs may elect to assess additional competency components, e.g., differential diagnosis, treatment planning, in the evaluation.
Duration of Each Evaluation

The length of the evaluation will be determined by each residency program based on the competency components to be assessed. Each evaluation session should last at least 45 minutes. The resident should be given a minimum of 30 minutes to conduct the psychiatric interview. Thereafter, he/she should have a minimum of 10-15 minutes to present the case. If the program has decided to assess additional competency components, the session may last longer. If appropriate, the evaluator may give feedback to the resident.

Timing of the Evaluations

The ABPN encourages administering these evaluations throughout residency training. The ABPN anticipates that many residents may not perform acceptably on all their evaluations on the first attempt.

Evaluation Forms

Approved evaluation forms are posted on the ABPN web site. Residency programs can add additional competency components/items for their own purposes, e.g., differential diagnosis, treatment planning. If programs develop their own forms for the three competency components, these forms must receive prior approval from the ABPN.

Determination of Acceptable Performance

The individual evaluator will determine if the resident performed acceptably on each of the three competency components. An acceptable score is required for all three components. Regardless of when during training the resident takes the evaluation, the standard for acceptable performance remains the same.

Because the resident may take each of these clinical skills evaluations multiple times if necessary (which will not affect the resident’s eligibility for taking the ABPN certification examination), there should not be pressure to score a resident’s performance as acceptable on an evaluation.

Submission of Documentation to the ABPN

At the time of application for certification, the ABPN requires attestation from the residency director that the resident performed acceptably on three clinical skills evaluations. It is recommended that the program retain the evaluation forms as part of the resident’s training file. The ABPN reserves the right to audit the evaluation process.
Components of the Clinical Skills Evaluation and Scoring Criteria

Physician-Patient Relationship

For performance to be scored acceptable, the resident must develop rapport with the patient (and with parents/guardians when appropriate), respond appropriately to the patient (and to parents/guardians when appropriate), and follow cues presented by the patient (and by parents/guardians when appropriate).

Conduct of the Psychiatric Interview

For performance to be scored acceptable, the resident must obtain sufficient data from the patient (and from parents/guardians when appropriate) for formulation of a DSM Axes I-V differential diagnosis and developmental assessment; obtain psychiatric, developmental, medical, substance use, family, social/educational, and risk histories; screen for suicidality, homicidality, high risk behavior, abuse, and trauma in a developmentally appropriate manner; use developmentally-appropriate interview techniques, including observation, play materials when appropriate, and open- and close-ended questions; and obtain developmentally-appropriate mental status observations.

Case Presentation

For performance to be scored acceptable, the resident must present an organized and accurate history, an organized and accurate summary of the mental status findings, and an assessment of the interaction between the parent/guardian and child/adolescent (when the parent/guardian is present).