



**NATIONAL CAPITAL CONSORTIUM
MILITARY PSYCHIATRY RESIDENCY TRAINING PROGRAM**

WALTER REED NATIONAL MILITARY MEDICAL CENTER
DIRECTORATE OF BEHAVIORAL HEALTH
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WRNMMC-DBH

7 August 2022

MEMORANDUM FOR NCC Military Psychiatry Residency Program

SUBJECT: Clinical Skills Verification (CSV) Examination Expectations and Requirements

1. Expectations:

a. All residents are required by the residency policies to conduct a minimum of 2 Clinical Skills Verification exams (CSVs) each academic year, with a total of 8 CSVs over the course of residency. The last 3 passing CSVs are used towards ABPN board certification requirements.

2. Each PGY-1 and PGY-2 are required a minimum of 2 CSVs per academic year. These may be passing or failing. At least one of these must be conducted between July and November.

a. Each PGY-3 and PGY-4 are required a minimum of 2 passing CSVs per academic year. At least one of these passing CSV must be conducted between July and November.

3. Instructions:

a. Faculty will use the form attached below to observe the trainee and evaluate their performance

b. There are 3 distinct parts to the CSV.

(1) Rapport Building and physician-patient relationship

(2) Organized history gathering via interview

(3) Organized presentation

c. Step 1 and 2 will take 30 minutes. Faculty will stop the trainee when 30 minutes are up and move to trainee to Step 3.

d. Step 3 will take no more than 15 minutes. Faculty will stop the trainee when 15 minutes are up and finalize the evaluation the performance using the form below.

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e. Any single area within the “unacceptable” range on the CSV form will result in a failed CSV.

f. The ABPN standard that the trainee must meet is that of a PRACTICING PSYCHIATRIST. This is a high bar and many trainees are expected to struggle until later into their 3rd year or 4th year. The standard is the same for all PGY levels.

g. The following are required by the ABPN for a CSV to be valid:

(1) The patient being used for the CSV must be new to the trainee and no prior chart review/knowledge is permitted. The trainee goes into the interview blind.

(2) No cheat sheets, DSMs, or other note templates are allowed. The trainee is only allowed blank paper, pen, and a timer/watch if they choose. Once the clock starts, the trainee may write whatever on the blank paper including any note template or anything else from their memory.

(3) The entire CSV is 45 minutes. The first 30 minutes are for rapport building and history gathering. At 30 minutes, the examiner will stop the trainee. The remaining 15 minutes are for organized presentation of the case.

(4) The staff must be board certified in general psychiatry by the ABPN at the time of the evaluation. The trainee can verify their evaluator’s board certification status by asking them or checking this website: <https://apps.abpn.com/verifycert/>

4. Following the 45 min examination, the evaluator and the trainee spend 15 minutes reviewing performance on the CSV including feedback for improvement.

5. The trainee will submit a copy of their signed CSV form to the program coordinators. They are highly encouraged to save a copy for their records.

6. Resources: Additional information on the CSV can be found via ABPN via this link: <https://www.abpn.com/access-residency-info/residency-training-information/psychiatry/>

7. The point of contact for this memorandum is the undersigned. I may be reached at rohul.amin.mil@mail.mil or (301) 400-1924.



ROHUL AMIN MD
Lieutenant Colonel, MC
Program Director

Psychiatry Clinical Skills Evaluation Form (CSV v.1) page 1 of 2

Resident Name Resident Signature

Level of Training PG Date

Examiner Name Examiner Signature

Patient Type

Physician-Patient Relationship (overall)	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Acceptable
1. Opening and closing	Awkward strategies <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Appropriate strategies <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
2. Informational cues	Ignored Leads <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Followed leads <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
3. Affective cues	Ignored <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Explored appropriately <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
4. Communication style and rapport	Insensitivity interfered with data collection <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Adequate language sensitivity <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
5. Questioning techniques	Abrupt and forced choice questions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Open-ended but appropriately structured <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
6. Control and direction of interview	Scattered and fragmented questions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Developed cohesive interview <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Psychiatric Interview (overall) Length of interview _____	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Acceptable
7. Presenting problems and history of present illness	Inadequately obtained or too vague <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Obtained adequate data <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
8. Past history: Psychiatric	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Family	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Medical	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Social/educational/occupational	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Cultural/racial/ethnic	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Psychiatry Clinical Skills Evaluation Form (CSV v.1) page 2 of 2

Developmental	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Gender identity/sexual	Ignored major issues <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Gathered relevant data in at least brief form <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
9. History of drug and alcohol abuse	Ignored or too limited <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Sensitively gathered <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
10. Assessment of suicidal risk	Ignored or too limited <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Sensitively explored <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
11. Assessment of homicidal risk	Ignored or too limited <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Sensitively explored <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
12. Mental status examination	Omitted or too limited <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Organized approach and performed appropriately <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Case presentation (overall)	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> Acceptable
13. Summary of important data	Disorganized <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Presented cohesively and coherently <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
14. Mental status examination	Incomplete <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Accurately summarized <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
15. Emergency Issues Suicide	Ignored <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Considered <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Violence/abuse	Ignored <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Considered <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Drugs/ alcohol	Ignored <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Considered <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
16. Recognition of need for additional history and collateral information	Absent or no rationale <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Appropriate <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

Comments: