

GENERAL ADULT CLINICAL EVALUATION/STACER**Resident Name:** _____**PGY:** _____ **Examiner:** _____ **Date:** _____**1. Interview Process**

<i>Item</i>	<i>Expectation</i>	<i>Criteria</i>	<i>Comments</i>
Rapport	Establishes relationship	<ul style="list-style-type: none"> • Introduces self • Explains interview • Respectful • Open, explorative beginning 	
Rapport	Develops and sustains rapport	<ul style="list-style-type: none"> • Remains respectful and non-judgmental • Genuine interest displayed by verbal and non-verbal responses • Acknowledges patient's distress with empathic responses 	
Control of process	Maintains control of the interview	<ul style="list-style-type: none"> • Interrupts politely when required • Redirects when required • Facilitates organization of disorganized patients 	
Cultural sensitivity	Demonstrates cultural sensitivity	<ul style="list-style-type: none"> • Engages patient in a culturally appropriate manner 	
Ends the interview	Smoothly closes the interview	<ul style="list-style-type: none"> • Attends to timing • Provides a pertinent closing statement 	

2. Interview technique

<i>Item</i>	<i>Expectation</i>	<i>Criterion</i>	<i>Comments</i>
Information gathering	Maintains an open, explorative process	<ul style="list-style-type: none"> • Non-verbal behaviour encourages patient to tell his/her story • Listens attentively • Note taking is inconspicuous 	
	Uses a facilitative questioning style	<ul style="list-style-type: none"> • Questioning follows a logical sequence • Asks clear questions in plain language • Avoids leading questions • Avoids stacked (multiple) questions • Moves appropriately between open and closed questions • Facilitates expression of emotions 	
Information gathering	Pursues important information	<ul style="list-style-type: none"> • Appropriately responds to informational cues, affective cues • pursues symptom details • asks for clarification 	
	Maintains flow	<ul style="list-style-type: none"> • Supportively confronts inconsistencies 	

		<ul style="list-style-type: none"> • Appropriately deals with unusual, difficult or distressing content • Comfortably allows silence to facilitate further expression • Reframes when required • Summarizes when appropriate 	
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3. Interview Content

Item	Expectation	Criterion	Comments
Elicits a complete, relevant and accurate history	Identifies the person	<ul style="list-style-type: none"> • Obtains complete demographic information 	
	Identifies the presenting complaint(s) or problem(s) and its/their history (History of Presenting Complaint)	<ul style="list-style-type: none"> • Obtains data on presenting complaint(s) or problem(s) • Assesses pre-morbid state • Assesses stressors related to presenting illness • Assesses previous episodes, if relevant, and determines similarities with/difference from this episode • Identifies treatment interventions and response for this illness episode 	
	Screens for symptoms relevant to the differential diagnosis and identification of co-morbid symptoms	<ul style="list-style-type: none"> • Reviews 'A' criteria of relevant other diagnoses • Reviews substance use and abuse • Assesses impact of substance use on person and others • If appropriate, assesses motivation to change current substance use 	

Elicits a complete, relevant and accurate history	Ensures safety Ensures safety	<ul style="list-style-type: none"> • Completes an appropriate risk assessment (self-harm, aggression, self-care and competency) • Reviews current medication(s), dosage(s) and response • Reviews use of over-the-counter products • Assesses side-effects • Defines allergic status 	
	Identifies relevant past history	Reviews: <ul style="list-style-type: none"> • past medical history including family history of medical disorders • past psychiatric history • family psychiatric history • forensic history 	
Elicits a complete, relevant and accurate history	Identifies the developmental and psycho-social history Identifies the developmental and psycho-social history	Reviews: <ul style="list-style-type: none"> • family history and dynamics • gestational and perinatal history • childhood and adolescent development • academic achievement • occupational history and current functioning • relationship history • Assesses past and current history of abuse • Assesses current supports • relevant cultural identities, migration history and associated traumata and stresses • spirituality • Identifies social and cultural supports including family, kin networks and communities • Identifies social and cultural stressors and systemic inequities • Explores patient's explanatory model of illness 	

	Conducts a formal Mental State Examination as indicated	<ul style="list-style-type: none"> • Appropriately adapts the Mental Status Examination to be culturally competent • Assesses mood symptoms • Assesses anxiety symptoms • Assesses psychotic symptoms • Appropriately screens for cognitive impairment • Gauges intelligence • Assesses judgement • Assesses insight 	
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4. Case presentation

Item	Expectation	Criterion	Comments
Defines limitations of the data	Identifies issues in the information gathering process	<ul style="list-style-type: none"> • Reports on the reliability of the patient (with examples) • Reports on the accessibility of the patient (with examples) • Identifies deficits in the interview and their potential effect on the data collection 	
Presentation skills	Provides a coherent, accurate summary of the case	<ul style="list-style-type: none"> • Uses descriptive terms correctly (e.g., delusions) • Presents case in an orderly, concise, systematic manner that is sufficiently detailed • Accurately reports the Mental State Examination • Accurately reports the risk assessment (self-harm, aggression, self-care, competency) • Accurately identifies relevant comorbidities 	
Synthesizing skills	Synthesizes all the clinical information into a diagnosis, differential diagnosis and case formulation	<ul style="list-style-type: none"> • Presentation emphasizes the necessary information to support and defend the preferred diagnosis and differential • Provides a realistic multi-axial working diagnosis supported by evidence from the interview • the interview • Discusses difficulties in supporting or refuting the diagnosis • Provides a brief and realistic differential 	

Synthesizing skills	Synthesizes all the clinical information into a diagnosis, differential diagnosis and case formulation	<p>diagnosis supported by evidence from diagnosis in a thoughtful manner</p> <ul style="list-style-type: none"> • Discusses co-morbidities and interplay between diagnoses • Provides a realistic prognosis • Describes barriers to compliance or optimal treatment for this patient 	
	Provides accurate, coherent formulation covering the rudimentary bio-psycho-social factors influencing the patient and his/her disorder	<ul style="list-style-type: none"> • Identifies contributing biopsychosocial factors • Identifies contributing cultural factors • Provides a sophisticated and accurate account of interplay between factors • Identifies internal conflicts /cognitive distortions influencing pt presentation 	

5. Treatment Plan

Item	Expectation	Criterion	Comments
Presents a coherent, safe and appropriate treatment plan	Identifies information required to consolidate the diagnosis	<ul style="list-style-type: none"> • Identifies further, appropriate and cost-effective bio-psycho-social-cultural investigations required to confirm the diagnosis or provide optimal care to the patient 	

	Communicates a comprehensive treatment plan	<ul style="list-style-type: none"> • Utilizing a bio-psycho-social matrix defines an immediate, short-term and long-term treatment plan • Recommends specific biological therapies (pharmacotherapy, ECT, TMS etc) for the patient • Recommends a specific psychotherapeutic approach for the patient • Considers social and cultural factors in all aspects of treatment planning • Identifies appropriate collaborations with family, community or other service providers • Provides evidence for efficacy of treatment plan • Identifies the expected benefits and risks of the treatment plan • Identifies the follow-up procedure 	
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This examination is considered a _____ Pass _____ Fail _____ for the level of training of this resident.

Examiner name (please print)

Signature