

AAN CLINICAL SKILLS EXAMINATION TRAINING MODULE GOALS AND OBJECTIVES



GOALS

- Understand the American Board of Psychiatry and Neurology (ABPN) performance requirements for the five Clinical Skills Evaluations (NEX) neurology residents must pass to achieve board certification.
- Appreciate the difference between a grade of ACCEPTABLE and BORDERLINE BUT UNACCEPTABLE.
- Improve the inter-rater reliability of faculty evaluators for acceptable versus unacceptable distinctions.

OBJECTIVES

- Explain that that ABPN definition of ACCEPTABLE (a marginal pass) versus BORDERLINE BUT UNACCEPTABLE (a marginal fail) on the NEX rests on whether a mistake or omission interferes with the resident's ability to formulate the case.
- Distinguish between those mistakes and omissions that interfere with the formulation of the case.
- Given a clinical vignette and a description of resident performance of an element of either the history or physical, rate the resident's performance as either ACCEPTABLE or BORDERLINE BUT UNACCEPTABLE.
- Apply the techniques reviewed in the vignettes to real Clinical Skills Examinations.
- Collect and compile audience response data to refine how we, as a community of neurologists approach clinical skills evaluation.

INSTRUCTIONS

- Only neurologists and neurology trainees should be provided with audience response systems. Medical students, staff, and other medical professionals may attend the session, but not participate.
- For an overview of how to install and use audience response systems, please see accompanying document entitled, "CSET technical instructions."
- The moderator-led session consists of five sections

1. Goals (slide 2)

2. Demographic and other pre-session data (slides 3-7)

3. Didactic portion (slides 8-13)

- Review the Clinical Skills Examination requirements, the components of the examination, and the evaluation criteria.
- The ABPN criteria are detailed in the presentation, at the end of these instructions, and at the following website:
http://www.abpn.com/downloads/forms/N-CSV_revision_10-2011.pdf

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4. Nine vignettes (slides 17-34)

- There is at least one vignette from each of the five required NEX patient types: critical care, ambulatory, neuromuscular, neurodegenerative, and pediatric (for adult neurology residents).
- Each vignette will explain a resident's omission in either the history taking or the physical examination of a patient.
- Using an audience response system, participants should vote anonymously on whether the omission warrants a grade of BORDERLINE BUT UNACCEPTABLE or still remains ACCEPTABLE.
- The moderator presents the results of the audience votes, as well as the historical data from previous participants at other training sites. Comparison to other groups allows one site to see how consistent its evaluation process is with other training sites.
- The moderator then opens up the discussion, asking participants to discuss the effect of the omission on the resident's final score. Approximately 1 minute of discussion per side has been adequate in most settings. The moderator can gently challenge audience members to defend their stance in light of the ABPN criteria for ACCEPTABLE versus BORDERLINE BUT UNACCEPTABLE.
- After the discussion, the audience should be allowed to re-vote to see if anyone has changed his or her mind.

5. Post-session wrap up (slide 36)

- Note that the audience responses to this last question are anonymous, and will not be displayed on the screen. The data will be available to you afterwards when you save the session and create a report.

GRADING CRITERIA

- Assume that the resident has performed a basic history and physical examination that is otherwise adequate.
- Assign a failing grade only if you believe that the omission is egregious enough to prevent the resident from successfully formulating the case.
- The ABPN defines ACCEPTABLE (marginal pass) as "deficiencies or errors in the history but enough information obtained to formulate the case."¹
- The ABPN defines BORDERLINE BUT UNACCEPTABLE (marginal fail) as "deficiencies or errors in the history resulting in missing information."²