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***Student:***

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***Rotation Period:***

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Students are required to complete this Clinical Skills Checklist and have their preceptor initial their student evaluation at the end of the rotation to acknowledge that each clinical skill had been completed during the rotation

**Neuropsychiatry and Behavioral Sciences Clinical Skills Checklist**

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*Students: For each clinical skill listed below, please indicate either Y for Yes or N for NO in the Skill Demonstrated column and have the preceptor who witnessed it place their initials in the Witnessed By column.*

|  |  |  |
| --- | --- | --- |
| **Clinical Skill** | **Skill Demonstrated** | **Witnessed By (Preceptor’s Initials)** |
| Obtain relevant Chief Complaint |  |  |
| Screen for neurovegetative sx |  |  |
| Assess for risk (suicidal/homicidal ideation) |  |  |
| Obtain relevant past medical history, including psychiatric history |  |  |
| Obtain relevant family and social history |  |  |
| Obtain appropriate substance abuse |  |  |
| Develop appropriate patient rapport |  |  |
| Maintain appropriate boundaries |  |  |
| Maintain appropriate organization of the interview |  |  |
| Generate appropriate differential diagnosis |  |  |
| Identify appropriate level of care (inpatient/outpatient) based on risk and treatment needs |  |  |
| Assess relative capacity to consent to treatment, including voluntary hospitalization |  |  |
| Present orally a case in an organized fashion, including history, examination, impressions, and plan |  |  |
| Conducts a complete and appropriate mental status exam. |  |  |