

Clinical Skills Assessment: The Effects of Moving Certification Requirements Into Neurology, Child Neurology, and Psychiatry Residency Training

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Abstract

Background A few years ago, when the American Board of Psychiatry and Neurology decided to phase out the patient-based oral examinations in its 3 primary specialties, requirements for assessing clinical skills during residency training were instituted.

Objective The purpose of this report is to describe the experiences of training program directors and graduates with these new credentialing requirements (labeled CSEs) as well as other effects on the specialties.

Methods Surveys were administered electronically in 2012 to all current neurology, child neurology, and psychiatry program directors, and to a convenience sample of graduates who applied for the 2012 certification examinations.

Results Response rates for graduates were similar across the 3 specialties but low (28%–33%). Response rates were

higher for program directors (53%–62%) and were similar across the 3 specialties. The results indicated that the CSEs were usually administered early in training, were completed toward the end, were often passed on first attempt, generally took place during routine clinical assignments, were used to assess additional competencies, almost always included feedback to the residents, and did not often lead to remediation. Furthermore, the CSEs were perceived to be useful components in the assessment of clinical skills.

Conclusions The results obtained from the early implementation of the CSEs suggest that they provide an opportunity to assess clinical skills with the additional benefit of feedback to trainees. Other effects included eventual incorporation into training program requirements, milestones, and related faculty development and research efforts.

Introduction

Supervision and assessment of trainees are constant challenges in graduate medical education, and the new graduate medical education accreditation system, based on key educational milestones, has intensified concern with these issues.¹ The certification processes of the American

Board of Psychiatry and Neurology (ABPN) historically included oral examinations based on real patients under the care of a neurologist or a psychiatrist. Beginning in 2000, ABPN directors deliberated intensively about these examinations and concluded that significant enhancements in their validity could not be achieved given resource constraints, and the financial and logistical problems associated with them were increasing. Because the ABPN recognized the critical importance of assessing clinical skills, it enacted credentialing requirements to help ensure this occurred.

The requirements went into effect for neurology and child neurology residents in 2005. Training directors had to verify mastery of 3 clinical skills in the evaluation of 5 patients: medical interviewing; neurological examination; and humanistic qualities, professionalism, and counseling.

Requirements for psychiatrists went into effect for those who entered training as postgraduate year (PGY)–1 in 2007 or as PGY-2 in 2008. Training directors had to verify mastery of 3 clinical skills in the evaluation of 3 patients: physician-patient relationship; psychiatric interview, including mental status examination; and case presentation.

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TABLE
SURVEY RESPONSE RATES FOR GRADUATES
AND PROGRAM DIRECTORS

Specialties	Graduates, % (No.)	Program Directors, % (No.)
Neurology	28 (235 of 828)	62 (80 of 130)
Child neurology	33 (47 of 141)	57 (39 of 69)
Psychiatry	29 (388 of 1339)	53 (96 of 180)

The purpose of this report is to describe the experiences of training program directors (PDs) and graduates with these new credentialing requirements (labeled CSEs) as well as other effects on the specialties.

Methods

Surveys were developed that addressed when and in what settings CSEs were administered, if additional competencies were assessed, if the residents were receiving feedback, and what remediation was provided. They were reviewed by the ABPN Research and Development Committee, and were administered electronically from July through October 2012 to all current neurology, child neurology, and psychiatry training PDs, and to a convenience sample of graduates who applied for the 2012 certification examinations. Two follow-up requests were sent to nonrespondents.

Respondents were informed that participation was voluntary and their responses would have no impact on any aspect of their (or their program's) relationship with the ABPN.

The survey was determined to be exempt from ongoing review by the University of Michigan Institutional Review Board.

Results

Response rates for graduates were similar across the 3 specialties and lower for graduates than for PDs (TABLE).

Neurology/Child Neurology PDs and Graduates

Program directors and graduates reported that the first attempt at meeting the CSE requirement typically occurred in PGY-2 or PGY-3 for neurologists and in PGY-3 or PGY-4 for child neurologists, and the requirement was usually completed in PGY-4 for neurologists and PGY-5 for child neurologists.

A total of 96% (224 of 233) of neurology graduates and 98% (46 of 47) of child neurology graduates reported that they passed all 5 CSEs on the first attempt. Of neurology PDs, 83% (66 of 80) reported that residents typically passed all 5 CSEs on the first attempt, and 77%

(30 of 39) of child neurology PDs reported that they passed all 5 CSEs on their first attempt as well.

The most frequently cited venue by both PDs and graduates was during routine clinical assignments followed by specifically designated rotation sites and program-designated CSE days. In addition to the 3 ABPN-required components, both groups reported that differential diagnosis, case presentation, and treatment plan were also often assessed during CSEs.

Almost all of PDs and graduates reported that residents received verbal feedback from their evaluators(s), and about half indicated that written feedback was also provided. Most of the graduates reported no remedial activities undertaken as a result of their CSE performance. The majority of PDs confirmed that was the case; however, when remedial activities were required, more CSE assessments were the most common activity, followed by additional faculty observation of patient examinations.

The majority of neurology PDs (96%, 76 of 79), child neurology PDs (97%, 36 of 37), neurology graduates (97%, 226 of 232), and child neurology graduates (96%, 44 of 46) responded that the CSEs "definitely" or "somewhat" accurately measured medical interview skills. The results were very similar for neurological examination skills. The majority of neurology PDs (89%, 70 of 79), child neurology PDs (87%, 34 of 39), neurology graduates (97%, 225 of 233), and child neurology graduates (94%, 44 of 47) agreed that they "definitely" or "somewhat" accurately measured humanistic qualities, professionalism, and counseling skills.

Psychiatry PDs and Graduates

The majority of the PDs (67%, 64 of 96) reported that the first attempt at meeting the CSE requirement typically occurred in PGY-1, and the requirement was usually completed in PGY-3 (55%, 53 of 96). The graduates were more variable in their responses with PGY-2 cited as the year of first attempt by 45% (175 of 385). They were evenly split about the completion year with 44% (168 of 386) responding PGY-3 and 42% (162 of 386) responding PGY-4.

Of the psychiatry graduates, 61% (235 of 385) reported that they passed all 3 CSEs on first attempt, and 25% (98 of 385) reported requiring 4 evaluations to meet the requirement. The PDs were more variable in their responses: 25% (24 of 95) reported that only 3 attempts were usually required, and 75% (71 of 95) reported 4 or more attempts were usually needed.

The most frequently cited venue by both groups was during routine clinical assignments followed by program-designated CSE days. In addition to the 3 ABPN-required components, PDs and graduates reported that differential

diagnosis, case formulation, and treatment plans were also often assessed during the CSEs.

Almost all PDs and graduates reported that the residents received verbal feedback from the evaluator(s), and many reported that written feedback was also given. Seventy percent (67 of 96) of PDs reported that the most common activities assigned on the basis of CSE performance were additional CSEs followed by patient interviews observed by faculty, while 87% (332 of 383) of graduates reported that no additional activities were assigned to them.

Both PDs (98%, 94 of 96) and graduates (96%, 368 of 385) responded that the CSEs “definitely” or “somewhat” accurately measured relationships with patients. The results were very similar for psychiatric interview skills and case presentation skills.

Discussion

The survey results, which were similar for PDs and graduates, indicated that the CSEs were usually administered early in training and completed toward the end, were often passed on first attempt, generally took place during routine clinical assignments, were often used to assess additional competencies, almost always resulted in feedback to residents, and did not often lead to remediation. Furthermore, the CSEs were perceived to be useful components in the assessment of clinical skills. A limitation of the study is the relatively low response rates to the surveys and the risk for respondent bias, particularly for graduates, which may partly explain some of the differences in reported success rates. The study also did not explore issues related to faculty development for raters to enhance rating reliability.

Initially, the ABPN’s decision to abandon the patient-based oral certification examinations was vigorously challenged because of the critical nature of the skills that were evaluated. Program directors were concerned that the new requirements represented an unfunded mandate and that faculty members would find it difficult to serve as both coaches and judges. These results, obtained relatively early in implementation, suggest that CSEs provide an opportu-

nity to assess these skills with the additional benefit of feedback for trainees.

Another concern, as with all observational assessments, was interrater reliability. Faculty development programs are offered by the American Association of Directors of Psychiatric Residency Training and the American Academy of Neurology’s Consortium of Neurology. Program directors have fostered a national exchange about performance standards and provided models for working with faculty to enhance the validity and reliability of the CSEs.

Additional effects include the incorporation of CSE requirements into the program requirements for the 3 specialties, then into the neurology and psychiatry milestones, and research studies on the CSEs have begun to appear.^{2–6}

Conclusion

Results from their early implementation suggest CSEs provide an opportunity to assess clinical skills with the additional benefit of feedback to trainees. Individuals involved in residency education in other specialties should find these experiences with new clinical skills assessment mandates to be informative as they move ahead with incorporating the milestones into their programs.

References

- 1 Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system—rationale and benefits. *N Engl J Med*. 2012;366(11):1051–1056.
- 2 Dalack GW, Jibson MD. Clinical skills verification, formative feedback, and psychiatry residency trainees. *Acad Psychiatry*. 2012;36(2):122–125.
- 3 Jibson MD, Broquet KE, Anzia JM, Beresin EV, Hunt JL, Kaye D, et al. Clinical skills verification in general psychiatry: recommendations of the ABPN task force on rater training. *Acad Psychiatry*. 2012;36(5):363–368.
- 4 London Z, Schuh L, Gelb DJ, Schultz L. Education research: unsatisfactory NEX rating correlations: searching for the reasons. *Neurology*. 2013;80(13):e142–e145.
- 5 Rao NR, Kodali R, Mian A, Ramtekkar U, Kamarajan C, Jibson MD. Psychiatric residents’ attitudes toward and experiences with the clinical-skills verification process: a pilot study on US and international medical graduates. *Acad Psychiatry*. 2012;36(4):316–322.
- 6 Schuh LA, London Z, Neel R, Brock C, Kissela BM, Schultz L, et al. Education research: bias and poor interrater reliability in evaluating the neurology clinical skills examination. *Neurology*. 2009;73(11):904–908.