NEUROLOGY CLINICAL EVALUATION EXERCISE (NEX v.2)

Print Form

Resident Name _____ **Evaluator Name** _____ **Date** _____

Case Scenario (please check one) ◯ **Critical Care** ◯ **Ambulatory** (headache, seizures, etc.) **Level of Training PG** ____

◯ **Child Neurology** for Adult Neurology Resident ◯ **Neuromuscular** ◯ **Neurodegenerative** **Age of Patient** (Pediatric Cases) ____

OR

◯ **Adult Neurology** for Child Neurology Resident

Unacceptable	Acceptable
1 Very Poor	5 Acceptable
2 Poor	6 Very Good
3 Unsatisfactory	7 Excellent
4 Borderline but Unacceptable	8 Outstanding

Numeric Grade

A. Medical Interviewing Skills (score 1 - 8) ____ Performed

1. Did the resident introduce himself/herself appropriately to the patient and others accompanying patient? ◯ Yes ◯ No
2. Did the resident display appropriate listening skills? ◯ Yes ◯ No
3. Presenting complaint (s): ◯ Yes ◯ No
4. History of Present Illness: ◯ Yes ◯ No
5. Past History: ◯ Yes ◯ No
6. Social History: ◯ Yes ◯ No
7. Family History: ◯ Yes ◯ No
8. Review of Systems: ◯ Yes ◯ No
9. Medications: ◯ Yes ◯ No
10. Allergies: ◯ Yes ◯ No

B. Evaluation of Neurological Examination Skills (score 1 - 8) ____ Performed

1. Mental Status: ◯ Yes ◯ No
2. Cranial Nerves: ◯ Yes ◯ No
3. Sensory: ◯ Yes ◯ No
4. Motor Exam: ◯ Yes ◯ No
5. Reflexes: ◯ Yes ◯ No
6. Cerebellar: ◯ Yes ◯ No
7. Station and Gait: ◯ Yes ◯ No

C. Humanistic Qualities, Professionalism, and Counseling Skills (score 1 - 8) ____ Performed

1. Did the resident demonstrate appropriate humanistic qualities and professionalism? ◯ Yes ◯ No

[redacted]

3. Is the patient / family provided an opportunity to ask questions? ◯ Yes ◯ No

[redacted]

D. Overall Evaluation (score 1 - 8) ____ ◯ Unacceptable ◯ Acceptable

E. Presentation / Formulation (score 1 - 8) ____

Evaluator's Comments (comments are needed for house staff performance)

Resident Signature _____ **Date** _____ **Faculty Signature** _____ **Date** _____