

NEUROLOGY CLINICAL EVALUATION EXERCISE (NEX v.2)

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

Performed

A. Medical Interviewing Skills (score 1 - 8)

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

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

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 _____