

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

Medical Interviewing Skills (score 1 - 8)

Performed

Did the resident introduce himself/herself appropriately to the patient and others accompanying patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the resident display appropriate listening skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Presenting complaint(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of Present Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Past History	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social History	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family History	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Review of Symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Numeric Grade

Evaluation of Neurological Examination Skills (score 1 - 8)

Performed

Mental Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cranial Nerves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sensory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reflexes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cerebellar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Station and Gait	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Numeric Grade

Humanistic Qualities, Professionalism and Counseling Skills (score 1 - 8)

Performed

Did the resident demonstrate appropriate humanistic qualities and professionalism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the resident adequately counsel the patient in the nature of their diagnosis and evaluation approach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient/family provided an opportunity to ask questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Closure with patient/family appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Overall Evaluation (score 1-8)

Unacceptable **Acceptable**

Presentation/Formulation (score 1-8)

**Evaluator's
Comments**

(comments are
needed for
house staff
performance)

Resident Signature _____ Date _____ Faculty Signature _____ Date _____